



# Joint Notice of Privacy Practices

This is a Joint Notice of Privacy Practices for:  
SmileCare California, Dental Group of ADAM DIASTI, D.D.S. P.C.  
(hereinafter in this document, this entity will collectively be referred to as “SmileCare”)

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

**Purpose:** This Joint Notice of Privacy Practices (“Notice”) presents the information that Federal law requires us to give our patients regarding our privacy practices.

SmileCare is required to provide our patients with this Notice pursuant to the privacy regulations implementing the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) (“Privacy Rules”). SmileCare consists of the entities listed above. These entities are “affiliated covered entities” and an “organized health care arrangement” within the meaning of the Privacy Rules. This Notice applies to all SmileCare practice locations in California.

SmileCare is required by applicable Federal law to maintain the privacy of your protected health information (“PHI”). SmileCare is also required to give our patients this Notice about our privacy practices, our legal obligations, and our patients’ rights concerning their PHI. SmileCare must follow the privacy practices that are described in this Notice while it is in effect. SmileCare is also required to notify affected individuals following a breach of unsecured PHI. This Notice takes effect September 23, 2013, and will remain in effect until SmileCare replaces it.

SmileCare reserves the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law and the new terms are effective for all PHI that we maintain, including health information we created or received before we made the changes. Before SmileCare makes a significant change in our privacy practices, SmileCare will change this Notice and make the new Notice available to you when you first receive services from us after the date the revised Notice becomes effective or upon request.

Patients may request a copy of our Notice (or any subsequent revised Notice) at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

## USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose your PHI for treatment, payment, and health care operations. Following are examples of the types of uses and disclosures of your protected health care information that may occur. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your dental health care and any related services. This includes the coordination or management of your dental care with a third party or to other physicians who may be treating you. For example, we would disclose your PHI to other dentists or physicians in order to diagnose or treat you.

**Payment:** Your PHI may be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits.

**Health Care Operations:** We may use or disclose, as needed, your PHI in order to conduct certain business and operational activities. These activities include, but are not limited to quality assessments, reviewing the competence or qualifications of health care professionals, and conducting training programs. For example, SmileCare may use or disclose your health information in order to conduct an internal assessment of the quality of care we provide.

**Business Associates:** We will share your PHI with third party “business associates” that perform various activities (e.g. billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

**Others Involved in Your Health Care:** With your consent, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person’s involvement in your care or payment related to your health care or needed for notification purposes. If you are unable to agree to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. We may disclose your PHI following your death to a family member or close personal friend who was involved in your care or payment prior to your death, however, we will not disclose any information if we are aware that you would not have wanted disclosure of your PHI.

**Marketing:** We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. In order to receive this information, we are required to obtain an authorization from you. Should you not wish to receive these marketing materials, you may opt out on the authorization or by advising us using the contact information listed at the end of this notice.

### Uses and Disclosures for which an authorization or an opportunity to agree or object is not required:

- a. **Research; Death; Organ Donation:** We may use or disclose your PHI for research purposes in limited circumstances. We may disclose the PHI of a deceased person to a coroner, protected health examiner, funeral director, or organ procurement organization for certain purposes.
- b. **Public Health and Safety:** We may disclose your PHI to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your PHI to a government health agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

- c. **Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- d. **Abuse or Neglect:** We may disclose your PHI to a governmental agency that is authorized by law to receive reports of abuse, neglect, or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- e. **Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations; to track products to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.
- f. **Criminal Activity:** We may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- g. **Required by Law:** We may use or disclose your PHI when we are required to do so by law. For example, we must disclose your PHI to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with privacy laws. We may disclose your PHI when authorized by workers' compensation or similar laws. We may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your PHI to law enforcement officials.
- h. **Fugitive, material witness, crime victim, or missing person.** We may disclose PHI of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose PHI where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.
- i. **Specialized Government Activities:** We may disclose your PHI for military, national security, and prisoner purposes.

#### Your Protected Health Information Rights:

- a. **Access:** You have the right to look at or get copies of your PHI, with limited exceptions. You may request electronic copies of your PHI contained in electronic health records or you may request in writing or electronically that another person receive an electronic copy of your records. If you request a copy of your electronic records, it will be provided in the format requested or in a mutually agreed-upon format. You may also request access by sending us a letter to the address at the end of this notice. We may charge you for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI or a reasonable cost-based fee to locate and copy your PHI that is not electronic and postage if you want the copies mailed to you. If you prefer, we will prepare a summary or explanation of your PHI for a fee.
- b. **Accounting of Disclosures:** You have the right to receive a list of instances in which we or our business associates disclosed your PHI for the purpose other than treatment, payment, health care operations and certain other activities after April 14, 2003. After April 14, 2003, the accounting will be provided for the past six (6) years, if applicable. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your PHI, a description of the PHI information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.
- c. **Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make on a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is memorialized in writing. You also have the right to restrict that we not share your PHI with a health plan for payment or operations purposes if the PHI relates to services for which you paid in full. For example, rather than allow us to file a claim with your dental insurance carrier for treatment of a specific dental condition, you chose to pay for the treatment in full, then you can restrict us from sharing your PHI related to that specific service with your dental insurance plan.
- d. **Confidential Communication:** You have the right to request that we communicate with you in confidence about your PHI by alternative means or to an alternative location. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or locations, and continue to permit us to bill and collect payment from you.
- e. **Amendment:** You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a written disagreement of the denial. We will make reasonable efforts to inform others, including people or entities you name, of the amendment (if applicable) and to include the changes in any future disclosures of the information.

#### QUESTIONS AND CONCERNS

If you want more information about our privacy practices or have questions or concerns, please contact us using the information below. If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made, you may complain to us using the contact information below. You also may submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to protect the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: **Julie Torres, HIPAA Privacy Officer**  
 E-mail: **compliance@coastdental.com**  
 Address: **4010 W. Boy Scout Boulevard, Suite 1100, Tampa, Florida, 33607**  
 Telephone: **(813) 288-1999 Ext. 272**  
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