

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW THE OFFICE OF DR. LISA WADSWORTH/DR. RUSTY WADSWORTH, JR. MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION

We are required to maintain the privacy of your health information. This is not anything new for us. Due to the new government regulations we must now maintain these notices and patient signatures on file.

We are required to provide our patients with notice of legal duties and privacy practices in respect to reserve the right to change the terms of this notice and to make any new provisions effective for all protected health information we maintain. Patients will be provided a copy of this notice and any revisions.

The office of Dr. Lisa Wadsworth may use and disclose your protected health information for treatment, payment and healthcare operations.

Treatment may include:

- Providing, coordination and managing your dental healthcare
- Consultation between healthcare providers
- Referrals to other providers for treatment

For example, we may determine that you require the services of a specialist. In referring you we may share or transfer your dental and healthcare information.

Payment activities may include:

- Activities undertaken to obtain reimbursement for services provided to you
- Deterring your eligibility for insurance coverage
- Managing claims and contacting your insurance company regarding payment
- Collection activities to obtain payment for services provided to you
- Reviewing dental services and discussing with your insurance company the need for procedures
- Obtaining pre-authorization for procedures

For example, we will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis and services provided to you.

Healthcare operations may include:

- Contacting patients and providers with information about treatment available, alternatives, and recommendations
- Arranging for medical reviews, legal services and auditing functions

For example, we may use your diagnosis, treatment and outcomes to measure the quality of the services that we provide, or assess the effectiveness of your treatment when comparing patients in similar situations.

We may contact you, by telephone or mail to provide appointment reminder, or to discuss past, current or future treatment.

We may not disclose your health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be release without written permission to a parent, guardian, or legal custodian, or spouse.

- In certain circumstances we may be required to report information to legal authorities such as law enforcement officials, government agencies, and court officials. For example, we are required to report

abuse, neglect, domestic, violence, gunshot wounds, or certain physical Injuries if we suspect they occurred as a result of a crime.

- We may disclose records: In response to a written request by any federal or state agency such as management audits, financial audits, program monitoring and evaluations, facility or individual licensure or certifications.
- We may disclose records if a signed subpoena by a judge are received. The only record that cannot be disclosed is HIV test results.
- We may disclose records except HIV results to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death.

We will not make any other disclosure of your health information without your written permission. You may revoke authorization at any time in writing.

YOU'RE RIGHT REGARDING YOUR PROTECTED HEALTH INFORMATION

1. You may request restrictions be placed on certain uses or disclosures of your health information by the OFFICE OF DR. LISA WADSWORTH. You must request in writing. We are not required to agree to your request, but if we do agree we must adhere to your restrictions in writing; except when your health information is needed in an emergency situation and then only to the healthcare provider treating you. A restriction does or would not apply when we are required by law to disclose certain healthcare information.
2. You have the right to review or obtain a copy of your records or disclosures of your information by our offices with exception of information compiled for civil, criminal, or administrative action or legal proceedings. We may deny any access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a fee for copying your records.
3. You may request that we send information, including billing information to you by alternative means or locations. You may also request that we not send information to a certain address or location or contact you at a specific location, such as your place of employment. This request must be in writing. We will accommodate reasonable requests by you.
4. You may request in writing for us to amend portions of your records as long as we maintain such information, under certain circumstances your request may be denied.
5. You may request in writing an accounting of all disclosures of your health information made by our office beginning with disclosures made after 4-14-03. We are not required to disclose records pursuant to a signed consent.
6. You may request and receive a paper copy of this notice, if you had previously received or agreed to receive this notice electronically.
7. Any person or patient may file a complaint with The OFFICE OF DR. LISA WADSWORTH and or the SECRETARY OF HEALTH AND HUMAN SERVICES if they believe their privacy rights have been violated. To file a complaint with Dr. Lisa Wadsworth please contact the Privacy Office at the following: Privacy Officer, 13940 US 441 STE 602, Lady Lake, Florida 32159.

It is the policy of THE OFFICE OF DR. LISA WADSWORTH that no retention will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards. This Notice of Privacy Practices is effective 4-14-03.

Our Doctors and Staff have been trained on our policies and The Standards for Privacy of Individual Identifiable Health Information Final Rule 45 CFR 164.520. Our staff and Drs. have signed a Confidentiality Agreement to protect the confidentiality of all patients' health information. Training is at assignment of duties and then on a yearly basis or as changes are made.