



NOTICE OF PRIVACY PRACTICES - HIPAA

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.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 12/01/2022 and will remain in effect until we replace it. We reserve 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 to make new Notice provisions effective for all protected health information that we maintain.

When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request. You may request a copy of our 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.

Disclosure of Health Information

We use and disclose health information about your child for treatment, payment, and healthcare operations. We may disclose your child's information to a healthcare provider treating him/her. You may give us written authorization to disclose health information to anyone for any purpose. This may be revoked in writing. We need written permission before any health information is disclosed to any caregivers besides the child's legal guardian. In the event of an emergency, we will disclose information based on our professional judgment. We may use your child's health information to obtain payment for services. We will not use health information for marketing purposes. If we suspect a possible victim of abuse, neglect, or domestic violence we may disclose your child's health information as the law requires. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested. We may release your PHI to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law. We may disclose your child's health information to provide you with appointment reminders or treatment recommendations (such as voicemails, postcards, emails, or letters). We may use or disclose your health information when we are required to do so by law.

Patient's Rights

Access: You have the right to look at or get copies of your health information, with limited exceptions. If you request copies, we will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of information, by submitting a written request. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply.

Alternative Communication: You have the right to request that we communicate with you about your health history in alternative means. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Amendment: If you believe that your health information is incorrect or incomplete, you have the right to request that we amend it. If we agree to your request, we will amend your record(s) and notify you of such. We may deny your request under certain circumstances. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Notification of Breach: You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice: You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (e-mail).

Disclosure Accounting: Except for certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

Questions and Complaints

If you are concerned that we may have violated your privacy rights or disagree with a decision, we made about access to your health information or in response to a request to amend or restrict the disclosure of health information you may submit a written complaint to the US Department of Health and Human Services. If you have any further questions about our privacy practices, please contact our office.

We support your right to the privacy of your health information. 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.

Our Privacy Official: [Nyleen Velunza](#)

Telephone: [\(239\)234-6325](tel:(239)234-6325)

Address: [1250 9th Street North Naples FL 34102 - Suite 302](#)

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