

LAKELAND PERIODONTICS, INC.
JAMES M BELCHER, DDS & DAVID A CAMPBELL, DMD, MS

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At Lakeland Periodontics, Inc., we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment.

We may use or disclose your health information for payment of your services.

We may use or disclose your health information for our normal healthcare operations.

We may use your information to contact you. For example, we may send appointment reminder cards. We may also want to call and remind you about an appointment. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. We will use whatever address or telephone number you prefer.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we do not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy for your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information, or if you wish to include a statement in your file, this must be given to us in writing. We may or may not make the changes you request but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.

You have the right to a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Privacy Officer, Donna T., at phone (863)687-9227, fax (863)687-2813 or 3003 South Florida Avenue, Suite 201, Lakeland, Florida 33803.

This notice goes into effect as of April 14, 2003.

Acknowledgment

By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities and healthcare operations. Also, that you have received a copy of Lakeland Periodontics, Inc. Notice of Privacy Practices.

Date _____

Signed _____ Print name _____

If signing as a parent or guardian, please note the name of the patient _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining it
- An emergency situation prevented us from obtaining it
- Other (Please specify)
