



BananaRiver
DENTAL

HIPAA PRIVACY POLICY

Your privacy is important to us. This notice describes how your medical and dental information may be used and disclosed, and how you can access this information. Please read it carefully.

Our Commitment to Your Privacy

At Banana River Dental, we are committed to maintaining the privacy and security of your protected health information (PHI). We are required by law to keep your health information confidential and to provide you with this notice of our legal duties and privacy practices under HIPAA.

How We May Use and Disclose Your Health Information

We may use or share your health information for the following purposes:

- **Treatment:** To provide, coordinate, or manage your dental care and related services with other healthcare providers involved in your care (usually specialists)
- **Payment:** To obtain payment for services we provide, including billing or following up with your insurance company.
- **Healthcare Operations:** For activities that support our practice operations, such as quality assessment, staff training, and compliance reviews.
- **Appointment Reminders and Communication:** To contact you for appointment reminders or provide information about treatment options or services.

Disclosures We May Make Without Your Authorization

We may disclose your PHI without your written permission in certain rare situations, including:

- When required by law
- For public health activities (e.g., reporting communicable diseases)
- To prevent or reduce a serious threat to health or safety
- For law enforcement or legal proceedings (with appropriate documentation)
- To medical examiners or funeral directors (as required)
- For workers' compensation claims

You Have the Right to: (Regarding Your Health Information)

- Request a copy of your dental records (in paper or electronic form)
- Request a correction to your health information if you believe it is inaccurate
- Request restrictions on how your information is used or shared
- Request confidential communications (e.g., contact via alternate phone number or address)
- Receive a list of disclosures we have made of your health information (with certain exceptions)
- Receive a paper copy of this privacy policy upon request
- File a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint

We will not use or disclose your health information for any reason not covered in this policy without your written authorization. You may revoke your authorization in writing at any time

We reserve the right to change our privacy practices and this notice at any time. Updates will apply to all health information we maintain. A current copy of our policy will always be available in our office and on our website (www.bananariverdental.com)

Patient Signature: _____ Date: _____