



Alfredo M. Gapuz, Jr. DMD

## Notice of Privacy Practices

- This notice describes how your health information may be used and disclosed. Please review it carefully.
- At Cosmetic and Restorative Dentistry, 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. For example, a review of your file by a specialist doctor whom we may involve in your care.
- We may use or disclose your health information for payment of your services. For example, one of our staff will enter your information into our computer.
- We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.
- 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.
- You may request in writing that we not use or disclose your health information as described above.
- As we will need to contact you from time to time, we will use whatever address, telephone numbers or email address we have on file.
- You have the right to transfer copies of your health information to another practice.
- You have the right to see and receive a copy of your health information, with a few exceptions. Give us written request or sign a records request form in regards to the information you are requesting.
- If we change 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, S.W., Room 509F, Washington, D.C. 20201.
- However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our office at 407-805-8808.
- This notice goes into effect as of April 1, 2003.

### Acknowledgement

I have received a copy of Cosmetic and Restorative Dentistry of Lake Mary Notice of Privacy Practices.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

If signing as a parent or guardian, please note the name of the patient: \_\_\_\_\_