

NISRINE CABANI DMD, LLC
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Nisrine Cabani DMD, LLC uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Nisrine Cabani DMD, LLC.

How Nisrine Cabani DMD, LLC may use or disclose your health information.

For Treatment Nisrine Cabani DMD, LLC may use your health information to provide you with medical treatment or services such as that which is obtained by a health care provider, such as a physician, nurse, or other person providing health services to you and what will record information in your health record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

For Payment: Nisrine Cabani DMD, LLC may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third party payor, such as an insurance company or health plan. This information on the bill may contain information that identifies you or your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations: Nisrine Cabani DMD, LLC may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- ① evaluate the performance of our staff
- ① assess the quality of care and outcomes in your cases and similar cases
- ① learn how to improve our facilities and services
- ① determine how to continually improve the quality and effectiveness of the health care we provide

Appointments: Nisrine Cabani DMD, LLC may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you with the following organizations: NONE

Required by Law: Nisrine Cabani DMD, LLC may use and disclose information about you as required by law for the following purposes:

- ① for judicial and administrative proceedings pursuant to legal authority
- ① to report information related to victims of abuse, neglect or domestic violence
- ① to assist law enforcement officials in their law enforcement duties

Public Health: Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents: Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation: Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Health and Safety: Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions: Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation: Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Other Uses: Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent Nisrine Cabani DMD, LLC has taken action in reliance on such.

Your Health Information Rights

You have the right to:

- Ⓒ request a restriction on certain uses and disclosures of your information as provided by C.F.R. 164.522; however, **Nisrine Cabani DMD, LLC is not required to agree to a requested restriction.**
- Ⓒ obtain a paper copy of the notice of information practices upon request
- Ⓒ inspect and obtain a copy of your health record as provided for in 45 C.F.R 164.524
- Ⓒ request that your health record be amended as provided in C.F.R. 164.526
- Ⓒ request communications of your health information by alternative means or at alternative locations
- Ⓒ receive an accounting of disclosures made of your health information as provided by 45 C.F.R. 164.528

Complaints:

You may complain to Nisrine Cabani DMD, LLC and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of Nisrine Cabani DMD, LLC

Nisrine Cabani DMD, LLC is required to:

- Ⓒ **maintain the privacy of protected health information**
- Ⓒ provide you with this notice of its legal duties and privacy practices with respect to your health information
- Ⓒ abide by the terms of this notice
- Ⓒ notify you if we are unable to agree to a requested restriction on how your information is used or disclosed
- Ⓒ accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.

Nisrine Cabani DMD, LLC reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by mail.

Contact Information:

If you have any questions or complaints please contact:

Nisrine Cabani DMD, LLC

(Privacy Officer)

4371 S. Hwy. 27

Clermont, FL 34711

**CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR
TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS**

I hereby acknowledge receipt of a written notice of my privacy rights and I consent to Nisrine Cabani DMD, LLC using and disclosing my protected health information to carry out treatment, payment, or health care operations.

I understand and have been provided with a Notice of Privacy Practices, which provides a more complete description of how my protected health information may be used or disclosed. I understand that I have the right to review the notice prior to signing this consent.

I understand that Nisrine Cabani DMD, LLC reserves the right to change their notice and information practices and that I may obtain a copy of the revised notice by written request address to:

Nisrine Cabani DMD, LLC
4371 S. Hwy. 27
Clermont, FL 34711

I understand that I have the right to restrict how Nisrine Cabani DMD, LLC uses or discloses my protected health information to carry out treatment, payment, or health care operations; **that Nisrine Cabani DMD, LLC is not required to agree to the restrictions** and; that Nisrine Cabani DMD, LLC is bound by restrictions to which it agrees.

I have the right to revoke this consent by notifying Nisrine Cabani DMD, LLC in writing, except to the extent that Nisrine Cabani DMD, LLC has taken action in reliance on my consent.

Signature of patient or patient's representative

Date

Printed name of patient or patient's representative

**Relationship to patient or representative
authority to act for the patient**