



## NOTICE OF PRIVACY PRACTICES

**Effective Date:** 01/01/2025

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**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.**

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### **Our Responsibilities**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable state laws, we are required to:

- Maintain the privacy and security of your Protected Health Information (PHI).
  - Provide you with this Notice of Privacy Practices, describing how we collect, use, disclose, and protect your health information.
  - Follow the terms of this Notice and promptly notify you in writing if a breach occurs that may compromise the privacy or security of your information.
  - Allow you to exercise your rights regarding your health information, including requesting restrictions, obtaining copies, and filing complaints if you believe your privacy rights have been violated.
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### **How We May Use and Disclose Your PHI**

We may use or disclose your PHI without your written permission for the following reasons:

#### **1. Treatment**

We may use and share your health information with doctors, assistants, laboratory, and other healthcare professionals involved in your care. This includes:

- Coordinating care among multiple providers.
- Consulting with specialists or referring you to another provider.
- Sending prescription information to a pharmacy.

#### **2. Payment**



We may use and disclose your PHI to bill and collect payment from health plans, insurance companies, and third-party payers. This includes:

- Verifying insurance coverage.
- Submitting claims for reimbursement.
- Responding to requests from insurers about your treatment.

### **3. Healthcare Operations**

We may use and disclose your PHI for healthcare operational purposes such as:

- Quality improvement and assurance activities.
- Training medical students, interns, and healthcare workers.
- Legal, auditing, and compliance activities.
- Business management and general administrative functions.

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### **Other Permitted Uses and Disclosures Without Your Authorization**

We are allowed or required to share your PHI in certain situations, including:

#### **4. Public Health and Safety**

- Reporting diseases, injuries, or disabilities to public health authorities.
- Notifying appropriate agencies of child abuse, elder abuse, or domestic violence.
- Preventing or controlling disease outbreaks.

#### **5. Health Oversight Activities**

- Providing information to health oversight agencies for audits, investigations, or inspections.
- Responding to regulatory requests by federal or state agencies.

#### **6. Legal and Law Enforcement Requests**

- Complying with court orders, subpoenas, or legal proceedings.
- Assisting law enforcement officials in locating missing persons or suspects.
- Reporting deaths suspected to be the result of criminal activity.

#### **7. Organ and Tissue Donation**



- Disclosing PHI to organizations involved in organ, eye, or tissue donation.

## **8. Research**

- Using PHI for research purposes under strict privacy safeguards.

## **9. Workers' Compensation**

- Providing information as required by workers' compensation laws.

## **10. National Security and Military Activities**

- Providing PHI to the military if you are a member of the armed forces.
- Sharing information for national security, intelligence, or protective services.

## **11. Correctional Institutions**

- Disclosing PHI about inmates to correctional facilities when necessary for their health and safety.

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## **Your Rights Regarding Your PHI**

You have the following rights concerning your health information:

### **1. Right to Access and Obtain a Copy**

You may request access to your PHI and receive a copy of your medical records, including electronic records. We may charge a fee for copies.

### **2. Right to Request an Amendment**

If you believe that information in your records is incorrect or incomplete, you may request an amendment. We may deny your request if:

- The record was not created by us.
- The information is accurate and complete.

### **3. Right to Request Restrictions**

You may ask us to limit how we use or disclose your PHI. We are not required to agree to all requests.

### **4. Right to Confidential Communications**

You can request that we communicate with you in a specific way, such as sending information to a different address or using a specific phone number.



## **5. Right to an Accounting of Disclosures**

You may request a list of certain disclosures of your PHI made in the past six years. This does not include disclosures for treatment, payment, and healthcare operations.

## **6. Right to a Paper Copy of This Notice**

You have the right to receive a physical copy of this Notice at any time, even if you receive it electronically.

## **7. Right to File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with us.

### **To file a complaint with our office, contact:**

IMAGINE ORTHODONTIC STUDIO, PLLC  
ATTN: SAM PATEL  
12907 N. Telecom Pkwy  
Tampa, FL 33637  
Sam@ImagineOrthoStudio.com

You will not be penalized or retaliated against for filing a complaint.

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## **Changes to This Notice**

We reserve the right to change this Notice at any time. Changes will apply to all PHI we maintain. The revised Notice will be available in our offices, on our website, or upon request.

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## **Contact Information**

For more information about this Notice, contact:

IMAGINE ORTHODONTIC STUDIO, PLLC  
ATTN: SAM PATEL  
12907 N. Telecom Pkwy  
Tampa, FL 33637  
Sam@ImagineOrthoStudio.com

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This Notice is issued in accordance with **HIPAA Privacy and Security Rules** and applicable federal and state laws.