



*Jennifer L Vienneau, DMD
829 14th St.
Fernandina Beach FL, 32034*

Notice Of Privacy Practice:

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your Dental Health information is important to us. Our Legal Duty: We are required by applicable federal and state law to maintain the privacy of your dental health information.

We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your dental health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice went into effect April 14th 2003, this revision takes effect October 19, 2009 and will remain in effect until modified or replaced. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice please contact our office.

Uses and disclosures of Dental Health Information: We use and disclose dental health information about you for treatment, payment, and dental healthcare operations. For Example: Treatment: We may use and disclose your dental health information to a physician or other healthcare provider that may be providing treatment for you. Payment: We may use and disclose your health information to obtain payment for services provided for you. (Verifying insurance coverage for you and your family). Healthcare operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualification of healthcare professionals, evaluating practitioner and provider performance, conducting trainings programs, accreditations, certification, licensing or credentialing activities. Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke it in writing at any time. To Your Family and Friends: We must disclose your health information to you, as described in the patient rights section of this notice. We may disclose your health information to a family member, friend or other persons to the extent necessary to help with your healthcare or with payment for your healthcare. Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a

family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, dental supplies, x-rays, or other similar forms of health information. Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization. Required by Law: We may use or disclose your health information when we are required to do so by law. Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail, postcards, or letters). Patient Rights Access: You have the right to look at or get copies of your health information, with limited exceptions. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request health information by sending us a letter of your request. Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Alternative Communications: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location of your request. Amendment: You have the right to request that we change your health information. (Your request must be in writing, and it must explain why the information should be changed.) (This includes personal and health information). Electronic Notice: If you receive this Notice on our web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form. If you want more information about our privacy practices or have questions or concerns please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to change or restrict the use or disclose of your health information, you may complain to us using the contact information listed at the end of the Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint to the U.S. Department of Health services upon request. We support your right to the privacy of your health information.

Amelia Island Dental

829. 14th St.

Fernandina Beach FL, 32034

Phone # 904-491-1222

Fax# 904-491-1157