

Dragonfly Dental of Port Charlotte, LLC
2616 Tamiami Trail; Suite #8
Port Charlotte, FL 33952
941-249-9383

HIPAA

Dragonfly Dental of Port Charlotte, LLC understands the importance of keeping your personal and health information private. We are required by state and federal law to adhere to these guidelines.

Below you will find a condensed version of your rights as a patient, and our rights as a practice. For a more detailed explanation of the HIPAA law, our office will provide you with a copy for your convenience.

Both under law, and our policy, we:

- Protect your privacy by limiting who may see your PHI (private health information)
- Limit how we may use or disclose your PHI
- Inform you of our legal duties with respect to your PHI
- Explain our privacy policies

Dragonfly Dental of Port Charlotte, LLC may disclose your personal health information for:

- Treatment / Payment
- Overseeing your health care operations regarding evaluation and clinical outcome
- As required by law, i.e., court summons
- Insurance

Your rights as a patient:

- You have a right to review your medical records
- You have a right to request copies of your medical records. You must sign a written authorization notifying our practice of release of information. We have the right to charge you a copy fee.
- You have the right to know to whom we are giving medical information.
- You have the right to request that we not release any information without your approval.
- You have the right to request that we amend your medical information. It must be in writing, and you must explain why the information should be amended.

This is a summary of the HIPAA law. Our office can amend this policy at any time. We would like you to sign this disclosure, knowing you have read and understand the contents. The detailed version is available upon request by this office. This agreement will only change upon patient's request and signature.

Contact Person: Cathy Rogers 941-249-9383 or email to DragonflydentalLLC@gmail.com

Dragonfly Dental of Port Charlotte, LLC

Acknowledgement of Receipt of

Notice of Privacy Practices

You May Refuse to Sign This Acknowledgment

I _____ have received a copy of this office's Notice of Privacy Practices.

Please Print:

Name _____

Signature _____

Date _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other, please specify