

JACKSONVILLE UNIVERSITY SCHOOL OF ORTHODONTICS

PRIVACY NOTICE AND AUTHORIZATION

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.

Jacksonville University School of Orthodontics is an affiliated covered entity under HIPAA, the Health Insurance Portability and Accountability Act of 1996, with respect to the operation of the orthodontic clinic (the “Clinic”). These Privacy and Security Rules restrict the Clinic’s ability to use and disclose your protected health information (“PHI”). JU is a “hybrid entity” under HIPAA, meaning that some of its functions are covered under HIPAA and some are not. For example, the Clinic’s orthodontic services are covered functions under HIPAA because electronic bills are submitted for these services, but other services, like first aid provided to athletic students by JU employees, are not covered functions. These policies and procedures apply only to the Orthodontic Clinic. The remainder of JU is covered by another notice.

Your protected health information (PHI) such as your name, date of birth, dates of treatment, phone/fax numbers, email address, home address, social security number, other demographic data, as well as information pertaining to your diagnosis and treatment, may only be disclosed by administrative personnel, the teaching staff, dental assistants, and students, and can only be used or disclosed for::

- Contacting other health care providers (i.e., general dentist, oral surgeon, pediatrician, etc.) in connection with our rendering orthodontic treatment to you/your child;
- Contacting third party payers or spouses (i.e., insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment on your account (i.e., to determine benefits, dates of payment, etc.);
- To certifying, licensing and/or accrediting bodies (i.e., State Dental Boards, American Board of Orthodontics, etc.) in order to obtain certification, licensure or accreditation;
- To various courts, for use in legal actions of any type, upon your authorization or upon subpoena;
- Internally, to all staff members who have any role in your treatment or to laboratories who render supportive services (i.e.; labs that make retainers or models, etc.);
- To other patients and third parties who may inadvertently see or overhear incidental disclosures about your treatment, scheduling, etc.;
- To your family or close friends who may be involved in your treatment;
- To provide you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you; and/or,
- Practice and/or marketing promotions for the School of Orthodontics;and
- For use as part of fulfilling our educational mission such as in scientific lectures, publications, presentations, continuing dental educational courses, or as part of approved research projects undertaken as part of the orthodontic curriculum.

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which will not expire and which you have the right to revoke at any time upon proper notification, however any revocation will not be retroactive.

Under these privacy rules, you have the right to:

- Request restrictions on the use and disclosure of your protected health information;
- Request confidential communication of your protected health information;
- Inspect and obtain copies of your protected health information from us;
- Amend or modify your protected health information in certain circumstances;
- Receive an accounting of certain disclosures made by us of your PHI; and,
- You may, without risk of retaliation, file a complaint with us concerning any violation of your privacy rights by submitting inquiries to our Privacy Contact Officer at our office address at 2800 University Blvd North Jacksonville, Florida 32211, or to the United States Secretary of Health and Human Services in Washington D.C. within 180 days of the violation.

We have the following duties under the new privacy rules:

- To maintain the privacy of your PHI and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information;
- To abide by the terms of our Privacy Notice that is currently in effect;
- To advise you of our right to change this Privacy Notice and to make new notice provisions effective for all PHI maintained by us and if we do so, to give you with a copy of the revised Privacy Notice.

Please note that we are not obligated to:

- Honor any request by you to restrict the use or disclosure of your PHI;
- Amend your PHI if it is accurate and complete; or,
- Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.
- Protect against re-disclosure of your PHI by those legally entitled to receive it from us

This privacy notice is effective as of the date of your signature. If you have any questions about this Notice, please ask for our Privacy Contact Officer or contact him/her at our office address. Thank you.

PATIENT / PARENT ACKNOWLEDGMENT

I hereby acknowledge that I have received or reviewed a copy of this Privacy Notice; or, alternatively, I have refused to review it.