

**Access:** Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) We will provide access to your health information in a form/format requested by you. There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our privacy Officer for a copy of the request form. You may also request access by sending us a letter to the address at the end of this notice. Once approved, an appointment can be made to review your records. There will be no charge for copies if you requested them. Access to your health information in electronic form if readily producible may be obtained with your request. If for some reason we aren't capable of an electronic format, a readable hardcopy will be provided. If you prefer a summary or an explanation of your health information, this can be provided. Please contact our Privacy Officer for more information.

**Amendment:** You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

**Breach Notification Requirements:** It is presumed that any acquisition, access, use or disclosure of PHI not permitted under HIPAA regulations is a breach. We are required to complete a risk assessment, and if necessary, inform HHS and take any other steps required by law. You will be notified of the situation and any steps you should take to protect yourself against harm due to the breach.

---

## QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our privacy policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated our privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. Request a Complaint Form from our Privacy Officer. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## HOW TO CONTACT US:

Dental Solutions of Winter Haven  
Privacy Officer: Jordan Rowley  
(P): 863-324-7121  
(F): 863-324-7056  
(E): [Jordan@dentalsolutionsofwh.com](mailto:Jordan@dentalsolutionsofwh.com)  
6390 Cypress Gardens Blvd  
Winter Haven, FL 33884

---

## DENTAL SOLUTIONS OF WINTER HAVEN

I have received and reviewed a copy of your dental practice's privacy, security, and breach notification policies and procedures.

I understand that I should ask our dental practice's Privacy Official if I have any questions about these policies and procedures.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_