

JACK P. CAMPBELL, DMD

OPTIONAL RULES FOR NOPP

Faxing and E-mailing Rule ²⁰ - When you request us to fax or e-mail your PHI as an alternative communication and we agree to do so, we may fax or e-mail super-confidential information; we will not use fax or e-mail for emergency communication without knowing that the recipient is expecting the message; have only our privacy officer or your treating doctor fax or e-mail your PHI; have our privacy officer confirm that the fax number or e-mail address is correct before sending the message and ensure that the intended recipient has sole access to the fax machine or computer before sending the message; confirm receipt; locate our fax machine or computer in a secure location so unauthorized access and viewing is prevented; use a fax cover sheet so the PHI is not the first page to print out (because unauthorized persons may view the top page); and attach an appropriate privacy notice to the message.

Practice Transition Rule ²¹ - If we sell our practice, our patient records (including but not limited to your PHI) may be disclosed and physical custody may be transferred to the purchasing doctor, but only in accordance with the law. The doctor who is the new records owner will be solely responsible for ensuring privacy of your PHI after the transfer and you agree that we will have no responsibility for (or duty associated with) transferred records. If all the owners of our practice die, our patient records (including but not limited to your PHI) must be transferred to another doctor within 90 days to comply with Florida Board of Dentistry Rules 64B5-17.001(1) and (2), Fla. Admin. Code.²² Before we transfer records in either of these two situations, our privacy officer will obtain a Business Associate agreement from the purchaser and review your PHI for super-confidential information (e.g. HIV/AIDS records), which will not be transferred without your express written authorization (indicated by your initials on our consent form).

Inactive Patient Records ²³ - We will retain your records for seven years from your last treatment or examination, at which point you will become an inactive patient in our practice and we may destroy your records at that time (but records of Inactive minor patients will not be destroyed before the child's eighth birthday). We will do so only in accordance with the law (e.g., in a confidential manner, with a Business Associate agreement prohibiting re-disclosure if necessary).²⁴

Collections and Marketing - If we use or disclose your PHI for marketing (i.e., communications that encourage recipients to purchase or use a product of service) or collections purposes, we will do so only in accordance with the law.²⁵

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES ²⁶

You May Refuse to Sign This Acknowledgement.

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for **Jack P Campbell, D.M.D.** ²⁷ this _____ day of _____, 20____. A copy of this signed, dated Acknowledgement shall be as effective as the original.

PLEASE PRINT YOUR NAME

PLEASE SIGN YOUR NAME

If you are the legal representative of the patient, please print the patients' name(s) and describe your authority:

Thank you and if you have any questions about this form or the attached Notice, please contact our privacy officer.

Office Use Only As privacy, I attempted to obtain the patient's (or representative's) signature on this Acknowledgment but did not because:

- It was emergency treatment.
- I could not communicate with the patient.
- The patient refused to sign.
- The patient was unable to sign because: _____

Other (please describe) _____

Signature of privacy officer _____

practice limited to endodontics

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