



**Paul S. Goodkin DC PA**  
**4750 N Federal Highway**  
**Suite 203**  
**Ft Lauderdale, FL 33308**  
**P (954) 202-9009**  
**F (954) 776-9953**

**Faxing and Emailing Rule**<sup>20</sup>-When you request us to fax or email you 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 you 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**<sup>21</sup>-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 you PHI) must be transferred to another doctor within 90 days to comply with Florida Board of Dentistry Rules 64 B5-17 001 (1) and (2). Fla Admin. Code<sup>22</sup>. Before we transfer records in either of these two situations, our privacy office will obtain a Business Associate agreement from the purchaser and review you PHI for super confidential information (e.g. HIV/AIDS records) which will not be transferred without your express written authorization (indicated by your initials in our Consent Form).

**Inactive Patient Records**<sup>23</sup>-We will retain you records for seven years from you last treatment or examination, at which point you will become and inactive patient in our practice and we may destroy you 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).<sup>24</sup>

**Collections and Marketing**-If we use or disclose you PHI for marketing (i.e. communication that encourage recipients to purchase or use a product or service) or collections purposes, we will do so only in accordance with the law.<sup>25</sup>

**Florida Patient's Bill of Rights and Responsibilities: Florida Statutes Chapter 381 (026) (PLEASE READ COPY LOCATED IN BINDER**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES<sup>26</sup>**

**You May Refuse to Sign this Acknowledgment**

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for **Paul S. Goodkin D.C., P.A.**<sup>27</sup>, and **Patient Bill of Rights** 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, **Casandra Toth.**

**Office Use Only** As privacy officer, I attempted to obtain the patient's (or representatives) signature on this Acknowledgement 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) \_\_\_\_\_