

Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information.

Please read it carefully.

At our office, we have always kept your health information secure and confidential. A new law requires us to continue to maintain your privacy, to give you this notice, and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, your file may be reviewed by a specialist doctor whom we may involve in your care.

We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your health insurance company.

We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

We may share your medical/dental information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about an appointment. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release some or all of your health information when required by law.

If this practice is sold, your information will become property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request. You have the right to know of any uses or disclosures we make with your health information beyond the normal uses.

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. You have to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge a reasonable fee for the copies.

You have the right to request an amendment or change to your health information, with a written request. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we still will not remove nor alter earlier documents, but will add new information.

You have a right to receive a copy of this notice.

If we change the details of this notice, we will notify you of the changes in writing.

Questions or complaints about this Notice of Privacy Practices, or how this dental practice handles your health information, should be directed to our Privacy Officer, Rosanne Leotaud. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, DC, 20201. You will not be penalized for filing a complaint.

This notice goes into effect as of April 14, 2003