

# Notice of Pivacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE, REVIEW THIS NOTICE CAREFULLY.

USES AND DISCLOSURES	<p><b>TREATMENT:</b> Your protected health information may be used by our staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, if we refer you to an oral surgeon we may communicate the diagnosis or the suggested treatment.</p> <p><b>PAYMENT:</b> Your protected health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.</p> <p><b>HEALTHCARE OPERATIONS:</b> Your protected health information may be used as necessary to support the day-to-day activities and management of The Practice. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.</p> <p><b>LAW ENFORCEMENT:</b> Your protected health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.</p> <p><b>PUBLIC HEALTH REPORTING:</b> Your protected health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.</p> <p><b>OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:</b> Disclosure of your protected health information or its use for any purpose other than those listed above, requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.</p> <p><b>APPOINTMENT REMINDERS:</b> As a matter of practice, we will use your protected health information to send you appointment reminders or contact you by phone for appointment confirmation.</p>
ADDITIONAL USES OF INFORMATION	<p><b>INFORMATION ABOUT TREATMENTS:</b> Your protected health information may be used to send you information about the treatment and management of your medical condition, which you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.</p>
INDIVIDUAL RIGHTS	<p>Under the federal privacy standards you have certain rights. These include:</p> <ul style="list-style-type: none"><li>• The right to request restrictions on the use or disclosure of your protected health information</li><li>• The right to receive confidential communications concerning your medical condition and treatment</li><li>• The right to inspect and copy your protected health information</li><li>• The right to amend or submit corrections to your protected health information</li><li>• The right to receive an accounting of how and to whom your protected health information has been disclosed</li><li>• The right to receive a printed copy of this notice</li></ul>
THE PRACTICE DUTIES	<p>The Privacy Rule requires us to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.</p>
RIGHT TO REVISE PRIVACY PRACTICES	<p>As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Regardless of the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.</p>
REQUEST TO INSPECT OR COPY PHI	<p>As required by federal regulation, your requests to inspect or copy protected health information must be submitted in writing. You may obtain a form to request access to your records by contacting our Receptionist or our Privacy Compliance Officer.</p>
REQUEST TO AMEND PHI	<p>You have the right to amend your protected health information (PHI). Your request to amend information in your record must be submitted in writing. We will review your request and issue a decision:</p> <ul style="list-style-type: none"><li>• If the Privacy Compliance Officer determines that the amendment you have requested should be made:<ol style="list-style-type: none"><li>1. Your records will be updated as required by federal regulations</li><li>2. You will be notified in writing of any amendments made to your PHI</li></ol></li><li>• If the Privacy Compliance Officer determines that the information in our records is complete and accurate, your request will be denied:<ol style="list-style-type: none"><li>1. A written notice of this decision will be sent to you as required by federal regulations.</li><li>2. You will have an opportunity to send us a written statement explaining your disagreement with this decision. Your statement will be included in your records, along with any response that we believe is necessary to help future users of the information understand that information.</li><li>3. You will be given a copy of any response that we include in the record.</li></ol></li></ul>
COMPLAINTS	<p>If you would like to submit a comment or a complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:</p> <p style="text-align: right;">Privacy Compliance Officer Advanced Dental Specialties of NY 197-11 Hillside Avenue Hollis, NY 11423 718-740-6000</p> <p>If you believe that your privacy rights have been violated, you should bring the matter to our attention by sending a letter describing the cause of your concern to the same address.</p> <p>You will not be penalized or otherwise retaliated against for filing a complaint.</p>
CONTACT	<p>The name and address of the person you can contact for further information concerning our privacy practices is:</p> <p style="text-align: right;">Privacy Compliance Officer Advanced Dental Specialties of NY 197-11 Hillside Avenue Hollis, NY 11423 718-740-6000</p>
EFFECTIVE DATE	<p>This Notice is effective on or after April 14, 2003.</p>