

HIPPA Notice of Privacy Practices
GREENE STREET DENTAL ASSOCIATES

Name: _____

THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice of Privacy Practices describes how we may use and disclose your protected dental health information (PDHI) to carry out treatment, payment or dental care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected dental health information. "Protected dental health information" about you is including demographic information that may identify you, and that relates to your past, present or future dental health or condition and related dental health care services.

1. Uses and Disclosures of Protected Dental Health Information

Your protected health information may be used and disclosed by your dentist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing dental care services to you , to pay your dental care bills, to support the operation of the dentists practice, and any other use required by law.

Treatment: We will use and disclose your protected dental health information to provide, coordinate, or manage your dental health care and any related services. This includes the coordination or management of your dental health care with a third party. For example, we would disclose your protected dental health information, as necessary, to a dentist to whom you have been referred to ensure that the dentist has the necessary information to diagnose or treat you.

Payment: Your protected dental health information will be used, as needed, to obtain payment for your dental care services. For example, obtaining an approval for a diagnosed dental treatment plan may require your relevant protected dental health information be disclosed to the dental insurance plan to obtain approval for said dental treatment plan.

Dental Care Operations: We may disclose, as needed, your protected dental health information in order to support the business activities of your dentist's practice. These activities include, but are not limited to: quality assessment activities, employee review activities, training of dental assistant students licensing and conducting or arranging for other business activities. In addition we may use your protected dental health information for a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your dentist. We may also call you by name in the waiting room when your dentist is ready to see you. We may use or disclose your protected dental health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected dental health information in the following situations without your authorization. These situations include; as required by law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners: Funeral Directors: and Organ Donation Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your dentist or the dentist's practice has taken action in reliance on the use or disclosure indicated in the authorization.

Your Rights

The following is a statement of your rights with respect to your protected dental health information.

You have the right to inspect and copy your protected dental health information.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or, use in a civil, criminal, or administrative action or proceeding, and protected dental health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected dental health information. This means you may ask us not to use or disclose any part of your protected dental health information for the purpose of treatment, payment or healthcare operations, you may also request that may part of your protected dental health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply.

Your dentist is not required to agree to a restriction that you may request. If the dentist believes it is in your best interest to permit use and disclosure of your protected dental health information, your protected dental health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, up request, even if you have agreed to accept this notice alternatively i.e. electronically.

You have the right to have your dentist amend your protected dental health information. If we deny your request amendment, you have the right to file statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected dental health information.

We reserve the right to change the terms of this notice and will inform you by mail of the changes. You then have the right object or withdraw as provided I this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

This notice was published and become effective on/or before **April 14, 2003.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Signature below is only acknowledgement that you have received this Notice of Privacy Practices

Print Name: _____

Signature: _____

Date: _____