

Notice of Privacy Practices

How we protect your information and privacy

We take your privacy very seriously and as such we want to share with you how we handle your information.

Your Rights:

- *You can get an electronic or paper copy of your medical record*

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable fee.

- *You can ask us to correct your medical record*

You can ask us to correct health information about you that you think is incorrect or incomplete. Please know that our practice management software does not allow us to make any changes after the date of service. We will make an entry of your request but we are unable to actually make any changes.

- *You may request confidential communications*

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

- *You may ask us to limit what we use or share*

You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are **not** required to agree to your request, and we may say “no” if it would affect your care. **MINORS:** In the case of a minor child where the parents are divorced, unless otherwise advised by written court order or divorce decree, we will assume that each parent has the authority to authorize treatment, receive information regarding the child’s treatment, can make appointments for the child, as the natural parent of the child. The parent that brings the child will also be responsible for any financial payments due at the time of service. If we are provided a copy of the divorce decree we will abide by that order. We may or may not advise the other parent that a request for information has been made.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

- *You may get a list of those with whom we’ve shared information*

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable fee if you ask for another one within 12 months.

- *You may get a copy of this privacy notice*

You can ask for a paper or electronic copy of this notice at any time. A copy will be supplied promptly.

- *You may choose someone to act for you*

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action

- You may file a complaint if you feel your rights are violated

You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling 1-877-696-6775, or visiting

www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Your Choices:

In certain situations, or conditions, you can tell us your choices about what we can share. If you have a clear preference for how we share your information in the situations described below let us know and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with family or close friends involved in your care.
- Share information in a disaster relief situation

If you are not able to tell us your preference or in the event of an emergency, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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How we protect your information and privacy

We will never share your information for:

- *Marketing purposes
- *Fundraising purposes

Our Uses:

- *We use your information to treat you*
We can use your health information and share it with other professionals who are treating you including other dentists and healthcare professionals such as medical physicians, emergency personnel, etc.
- Run our organization
We can use and share your health information to run our practice, improve your care, and contact you when necessary and as necessary. This includes providing information to labs. We can also contact you via telephone, cell phone, leave a message and through text messages.
- We can bill for our services
We can use and share your health information to seek payment from health plans, benefit providers or other entities.

How else we can use your information?

We are allowed or required to share your information in other ways, usually in ways that affect the public good such as public health and research.

- We can share health information about you for certain situations such as:
 - *Preventing diseases
 - *Helping with product recalls
 - *Reporting adverse reactions to medicines
 - *Reporting suspected abuse, neglect, or domestic violence
 - *Preventing or reducing a serious threat to anyone's health or safety.
 - * Research purposes
 - *To comply with state or federal laws
 - *To respond to a court order or subpoena
 - *Share with coroner or medical examiner or funeral director
 - *In the event of an emergency or disaster
 - *For Workers Compensation Claims
 - *For law enforcement purposes or with a law enforcement official
 - *With health oversight agencies for activities authorized by law
 - *For special government functions such as military, national security, and presidential protective services

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time and should notify us in writing.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Our Privacy and Security Officer is:

Dr. Lisa Ference
1111 Clifton Avenue, Suite 102
Clifton, NJ 07013
973-779-2819