



Notice of Privacy Policies for the Office of Pediatric Dentists NYC

rev.1

Effective Date 4/14/2003

Introduction

Our office maintains protocols to ensure the security and confidentiality of your personal information. Within our office, access is limited to those who need it to perform their jobs. We are committed to treating and using protected health information about you responsibly. *This Notice of Privacy Policies* describes the personal information that we collect and when we use or disclose that information. This *Notice of Privacy Policies* (revision 1) is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record

Each time you visit, a record of that visit is made. Typically this record contains your symptoms, examination and test results, diagnosis, treatment and plan for future treatment. This record serves as a basis for planning future care, means of communication among the many professionals who contribute to your care, legal document describing the care you received, tool by which we can assess and continually improve the care we render.

Your Health Information Rights

Although your health record is the physical property of our practice the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Policies.
- Inspect and copy your health record as per 45 CFR 164524,
- Amend your health record as per 45 CFR 164526,
- Obtain an accounting of disclosures as per CFR 164528,
- Request confidential communications of your health record as per 45 CFR 164522.

Our Responsibilities

Our practice is required to:

- Maintain the privacy of your health information, provide you with this *Notice of Privacy Policy*, abide by the terms of this Notice, and accommodate reasonable requests you may have to communicate your health information.
- We reserve the right to change our practices and policies and to make the new provisions effective for all of the protected health information we maintain. We will keep a copy of the most current Notice in our office containing the effective date in the top right-hand corner. In addition, you may obtain a copy of the current notice upon request.

To Report a Problem

If you believe your privacy rights have been violated, you can either file a complaint with us or with the Office of Civil Rights, US Department of Health and Human Services, 200 Independence Ave, SW, Room 509F, HHH Building, Washington, DC 20201
There will be no retaliation for filing any complaints with us or with the Department of Health.

Examples of Disclosures

- We may document our course of treatment, our expectation, our actions and our observations.
- We may use your health information for payment. For example, a bill may be sent to you or a third payer. This bill may contain information that identifies you, as well as diagnosis, procedures and supplies used.
- We may share your information, including but limited to copies of x-rays and photographs, with the referring doctor and/or primary doctor. Per your request, we will send a copy of your records to you or any practitioner you designate.
- We may share this information with any mandated governmental agency.
- We may disclose this information to the extent authorized by and necessary to comply with the laws relating to Workers Compensation or other similar programs established by law.
- We may contact you by phone or by mail as a reminder that you have or due for an appointment.

I have received a copy of and understand the *Notice of Privacy Policies*.

X _____ for _____
Parent or legal guardian Patient's name