

Notice of Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing document for those services.

Your Health Information Rights

The health and billing records we maintain are the physical property of the dentist's office. You have the following rights with respect to you Protected Health Information.

1. Request a restriction on certain uses and disclosures of you health information by delivering the request in writing to our office-we are not required to grant the request but we will comply with any request granted.
2. Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office.
3. Right to inspect and copy your health record and billing record-you may exercise this right by delivering the request in writing to our office using the form we provide you upon request. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. If you request copies, we may charge a small fee. If you request an alternative format, we will charge a cost-based fee for providing you health information in that format.
4. Right to appeal a denial of access to your protected health information except in certain circumstances.
5. You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) The dentist or other health care provider is not required to make such amendments; you may file a statement of disagreement if you amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
6. Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
7. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we provide you upon request; and if you want to exercise any of the above rights, please contact **HIPPA Admin, 45745 Nokes Blvd, Suite 175, Dulles, VA 20166, (703) 433-9330**, in person or in writing.

Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this Notice.
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request Information for File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact **HIPPA Admin, 45745 Nokes Blvd, Suite 175, Dulles, VA 20166, (703) 433-9330**. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to **HIPPA Admin**. You also may submit a written complaint to the U.S. Department of Health and Human Services. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from this office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Patient Contact

We may contact you to provide you with appointment reminders (such as voicemail messages, postcards, or letters), with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

Marketing Health-Related Services

We will not use your health information for marketing communications without your written authorization.

Notification – Opportunity to Agree or Object

Unless you object we may use or disclose your protected health information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, about your location and about your general condition or your death.

Communication with Family

Using our best judgment, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or in payment of such care if you do not object or in an emergency.

Disaster Relief

We may use and disclose your protected health information to assist in disaster relief efforts.

Public Health Activities

Controlling Disease – As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse or Neglect – We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Food and Drug Administration (FDA) – We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplement, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Oversight Agencies

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations, inspections, licensures or disciplinary actions, and for similar reasons related to the administration of healthcare.

Judicial/Administrative Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process.

Law Enforcement

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.

Coroners, Medical Examiners and Funeral Directors

We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Threat to Health and Safety

To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions

We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, or national security purposed, or to public assistance program personnel.

Workers Compensation

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Other Uses and Disclosures

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.