

## PATIENT COPY

### **NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996( HIPPA) is a federal program that requires that all medical records, and other individually identifiable health information used or disclosed by us in any form, whether electronically , on paper, or orally, are kept properly confidential. This is Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information.

As required by HIPPA we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include teeth cleaning services.
- Payment includes, but is not limited to, activities such as: obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations are the business aspects of running our practices, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer services. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to an individual or any individuals.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

All other uses and disclosures will be made only with your written authorization. You may revoke the authorization in writing and we are required to honor and abide by that written request, except in relation to disclosures made prior to that date.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restriction on certain uses, and disclosures, of protected health information, including information disclosed to family members, other relatives,, personal friends, or any

other person you identify. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

- The right to reasonable requests to receive confidential communication of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective August 1<sup>st</sup> 2014, and we abide by the terms of Notice of Privacy Practice. We reserve the right to change the terms of our Notice of privacy Practices and to make the new provisions Effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practice from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against your for filing a complaint.

Please contact us for more information: Precious Pearls Pediatric Dentistry 140 Mountain avenue Suite 102 Springfield, NJ 07081 Dr. Nadia Majeed 973-232-5448

For more information about HIPPA or to file a complaint:  
The US Department of Health and Human Services Office of Civil Rights Office  
Number: 202-629-0257 200 Independence Ave., SW Washington DC, 20201

Toll Free: 1-877-696-6775

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Patient Name

Parent Signature

Date

**Please note a signature attesting that you have read and understood the contents of this form will be required during your visit.**