



CORNERSTONE DENTAL
OF LINCOLN SQUARE

DENTAL 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. Please review it carefully.

This Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal regulation that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, paper or orally, be kept confidential. HIPAA provides penalties for covered entities that misuse health information.

As required by HIPAA, 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** 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** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example would be sending a bill to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis and customer service. An example would be an internal quality assessment review.
- **Required by Law**
- **Disaster Relief**
- **Public Health Activities**
- **National Security**
- **Worker's Compensation**
- **Law Enforcement**
- **Health Oversight Activities**
- **Judicial and Administrative Proceedings**
- **Research**
- **Coroners, Medical Examiners and Funeral Directors**

We may also create and distribute de-identified health information by removing all references to individually identified information.

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.

We may contact you by electronic means. If you request copies of your records we have the right to send them electronically. If you request photocopies we may charge you a reasonable cost. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization

in writing and we are required to honor and abide by that written request, except to the extent that we may have already taken actions relying on your prior authorization.

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 restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. 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 revoke it.
- The right to make reasonable requests to receive confidential communications of protected health information from us by alternative means or 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 copy of this notice from us upon receipt

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice 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 Practices 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 & Human Services, Office of Civil Rights, regarding violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For more information about HIPAA or to file a complaint:
The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave, S.W.
Washington, D.C. 20201
(202) 619-0257 or toll free at (877) 696-6775