

Louis Bartimmo, DMD, PLLC & Associates

Notice of Privacy Practices

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 Protected Health Information (PHI) Is Important To Us.

OUR LEGAL DUTY

Federal and state law requires us to maintain the privacy of your health information. That law also requires us to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices we describe in this notice while it is in effect. This notice takes effect 4/14/2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such applicable law permits the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practice, or for additional copies of this notice, please contact us at 516-627-5442 or e-mail us at adriane@mydentistcares.com or print a copy from our web-site www.mydentistcares.com.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information for treatment, payment, and health care operations. For example

- **Treatment**: We may use your protected health information (PHI) for treatment or disclose it to dentist, physician or other health care provider providing treatment to you.
- **Payment**: We may use and disclose your PHI to obtain payment for services we provide to you. We may also disclose your PHI to another health care provider or entity that is subject to the federal Privacy Rules for its payment activities.
- **Health Care Operations**: We may and disclose your health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. We may disclose your PHI to another health care provider or organization that is subject to the federal privacy rules and that has a relationship with you to support some of their health care operations. We may disclose your PHI to help these organizations conduct quality assessment and improvement activities, review the competence or qualifications of health care professional, or detect or prevent health care fraud and abuse.

- Required by law: We may use and disclose your PHI only to the extent that such use is required by law.
- Friend, family and personal representatives: We will use and disclose the minimum necessary amount of your PHI that is directly relevant to the involved of a family member, other relative, a close personal friend or someone else identified by you. Involvement could be in relation to care or payment for services. We will use and disclose the minimum necessary amount of your PHI regarding your location, general condition or death to a family member, a personal representative of yours or another person responsible for your care. Such uses and disclosures will be made only with your permission if you are present, unless you are incapacitated or there is an emergency circumstance where we must exercise professional judgement.
- Appointment Reminders: We may use or disclose your PHI to provide you with appointment reminders (such as voicemail messages, post cards, e-mails or letters.)
- Disaster Relief: We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.
- Public Benefit: We may use and disclose the minimum necessary amount of your PHI to appropriate public health authorities for reasons such as, but not limited to, as required by law.
 1. Public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related-illness or injury.
 2. Report adult abuse, neglect or domestic violence.
 3. Health oversight agencies.
 4. Response to court and administrative orders and other lawful processes.
 5. Law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person.
 6. Coroners, medical examiners and funeral directors.
 7. Organ procurement organization.
 8. Avert a serious threat to health or safety.
 9. Connection with certain research activities.
 10. Military and to federal officials for lawful intelligence, counterintelligence, and national security activities.
 11. Correctional institutions regarding inmates.
 12. Authorized by state worker's compensation laws.
- Patient Directory: Except when an objection is expressed by you, we may use or disclose the minimum necessary amount of your PHI to maintain a directory of patients in the office. Information includes your name, location in the office, condition described in general terms all listed on the appointment book or daily schedule.

- **Access:** You have the right to look at or get copies of your PHI, with limited exceptions. We will provide copies in a format other than photocopies. We will use a format that shows all work completed and to be done. If you request copies of your records we will charge you a reasonable cost-based fee that may include labor, copying cost and postage. Please contact us at 516-627-5442 or e-mail us at adrienne@mydentistcares.com or print a copy from our web-site www.mydentistcares.com if you have any question for more information about the fees.
- **Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your PHI over the last six (6) years (but not before April 14, 2003). The list will not include disclosures for treatment, payment, health care operations, as authorized by you, and for certain other activities. If you request copies for this list we will charge you a reasonable cost-based fee that may include labor, copying cost and postage. Please contact us at 516-627-5442 or e-mail us at adrienne@mydentistcares.com or print a copy from our web-site www.mydentistcares.com if you have any question for more information about the fees.
- You have the right to request restrictions on certain uses and disclosures of your PHI, though our office is not required to grant such request.
- **Amendment:** You have the right to request that we amend your PHI. Your request must be in writing, and it **must explain why** we **should amend** the information. We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

- If you have question and or concerns regarding the privacy practices, please contact us at 516-627-5442 or e-mail us at adrienne@mydentistcares.com or print a copy from our web-site www.mydentistcares.com.

