
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 HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required 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 that are described in this Notice while it is in effect. This Notice attempts to summarize applicable state and federal laws related to the privacy of your health information, but those laws will control any discrepancy between this Notice and those laws. This Notice takes effect on the effective date indicated below, 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 changes are permitted by applicable law. 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 new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

Unless further restricted by any applicable state law, we may use and disclose health information about you as follows:

Treatment: We may use or disclose your health information to another physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to your insurer to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

To Your Family and Friends: We may disclose your health information to your family members, other relatives, your close personal friends or other persons you identify to the extent necessary to help with your healthcare or with payment for your healthcare. We may also use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, regarding your location or general condition. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to agree to or object to such uses or disclosures. In the event of your incapacity or in emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Disaster Relief Purposes: We may disclose health information to an entity assisting in a disaster relief effort so that your family can be notified about your general condition or location.

Marketing: We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives or other health-related benefits or services that may be of interest to you. However, we will not otherwise use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by federal, state or local law.

Abuse or Neglect: We may disclose your health information to appropriate authorities for public health activities. For example, 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.

National Security: Under certain circumstances, we may disclose health information of Armed Forces personnel to military authorities or the Department of Veterans Affairs. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, answering machine messages, or letters).

Other Special Situations: We may use or disclose your health information in certain special situations such as for workers' compensation programs, health oversight agencies for purposes of audition, inspections, and licensure, legal proceedings, law enforcement purposes, and to coroners, medical examiners and funeral directors.

Your Authorization: In addition to our use or disclosure of your health information for treatment, payment or healthcare operations, you may give us written authorization to use or disclose your health information for any other purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. 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. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. (You may make a request in writing to obtain an accounting of our disclosures. You may obtain a form to request an accounting by using the contact information listed at the end of this Notice.)

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests.

Amendment: 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.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

PLAZA DENTAL ASSOCIATES, P.C.
ATTN: Dental Records Department
702 West 34th Street • Erie, PA 16508-2692
Phone: (814) 868-5411 • Fax: (814) 866-2105

Effective Date: April 14, 2003
#484325



702 West 34th Street
Erie, PA 16508

PLAZA DENTAL ASSOCIATES, P.C.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided a copy of the Plaza Dental Associates, P.C. NOTICE OF PRIVACY PRACTICES (Effective April 14, 2003).

Staff
Signature: _____

Patient
Signature: _____

Print Full Name: _____

Date: _____

If you are the personal representative of the person listed above, please check off the basis for your authority:

- Power of Attorney (attach copy)
- Guardianship Order (attach copy)
- Parent of Minor
- Other: _____

For Office Use Only
Patient ID No. _____
Dentist _____

Additional Witness Signature for Verbal Consent and Mark: _____

If Acknowledgment not signed, document efforts to obtain signed acknowledgment and the reason why the acknowledgment was not obtained:
