

Hamilton Family Dentistry  
5810 Harford Rd.  
Baltimore, Md 21214

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.

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

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. For example, we may need to share information with other providers or specialists involved in the continuation of the care.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we disclose treatment information when billing a dental plan for services.

Health Care Operations include the business aspects of running our practice. For example, patient information may be used for training purposes, or quality assessment.

Unless you request otherwise, we may use or disclose health information to a family member, friend, or personal representative to the extent necessary to help you with your healthcare or with payment for your healthcare. In addition, we may use your confidential information to remind you of appointments by sending a reminder postcard and/or leaving a message at your home and/or work. 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.

You have certain rights in regards to your protected health information, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below.

- 1.) The right to request restrictions on certain uses and disclosures of protected health information, including those related family members, other relatives, close personal friends, or any other person your identity. 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.
- 2.) The right to request and receive confidential communications of protected health information from us by alternative means or at alternative locations.
- 3.) The right to access, inspect and copy your protected health information.
- 4.) The right to request an amendment to your protected health information.

- 5.) The right to request an accounting of disclosures of protected health information outside of treatment, payment and health care operations.
- 6.) The right to obtain a paper copy of this notice from us upon request.
- (TURN OVER)
- 7.) Individuals who pay directly for their treatment can instruct their provider not to share their treatment information with their health plan.
- 8.) Individuals may ask for their health records in an electronic format.

In addition, the rule strengthens the right to be notified if a provider, health plan associate breaches an individual's protected health information (PHI). "Any impermissible use or disclosure of PHI is presumed to be a breach requiring notification, unless there is a low probability that the PHI has been compromised." The government has the ability to vigorously enforce the HIPPA privacy and security protections. Financial penalties can range from \$100 to \$50,000 per violation.Z

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 protect health information.

This notice is effective as of April 14, 2003 and 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. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a copy from our Front Office in writing.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services, Offices of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices please see the front desk. For more information about HIPPA please contact the:

The US Department of Health and Human Services  
 Office of civil Rights  
 200 Independence Ave  
 Washington, DC 20201  
 1-877-696-6775 (toll Free)

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Erin Wolfson DDS  
 5810 Harford Road  
 Baltimore, MD 21214  
 410-426-8200

HIPAA REQUIREMENTS: Please circle the proper response. Have patient sign and date.

- Privacy Notice:
- A. Given to patient
  - B. Acknowledgement received
  - C. Disclosure authorization on file
  - D. Restriction request on file
  - E. Other

Patient signature \_\_\_\_\_ Date \_\_\_\_\_