

Friends & Family Dentistry
44121 Harry Byrd Highway
Suite 155
Ashburn, VA 20147
571-918-0077

Notice of Privacy Practices

Patient Acknowledgement

Patient Name: _____ Date of Birth: _____

I have received and understand this practice's Notice of Privacy Practices written in plain language. This notice provides in detail the uses and disclosures of my protected health/dental information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by, this practice. If changes to the policy occurs, this practice will provide me with a revised Notice of Privacy upon request.

Patient or Patient Representative

Signature: _____ Date: _____

Name/please print; _____

Relationship to patient (if signed by a personal representative of patient):

For Office Only:

We made a good faith effort to obtain a patient knowledge of receipt of our Notice of Privacy Practices. In spite of these efforts, our office has been unable to obtain a signed acknowledgement of receipt for the following reason (s):

Patient refused to sign (Date of refusal): _____

Communications barrier inhibited obtaining an acknowledgement.

Other reason: _____

Attempt was made by: _____ Date: _____

Notice of Privacy Practices

This notice describes how medical and dental 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 and Accountability Act of 1996 (HIPPA) requires that 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. 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.

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

1. **Treatment** means providing, coordinating, or managing healthcare and related services by one or more healthcare providers. For example, we may need to share information with other healthcare providers or specifics involved in the continuation of your care.
2. **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may disclose treatment information when billing a dental plan for your dental services.
3. **Health Care Operations** include the business aspects of running a 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, personal representative, or other individual to the extent necessary to help with your healthcare or with payment for your healthcare. In the event of an emergency or your incapacity, we will use our professional judgment in disclosing only the protected health information necessary to facilitate needed care. In addition, we may use your confidential information to remind you of appointments, sending reminder postcards and/or leaving messages at home and/or work. Your protected information may also be used by our office to recommend treatment alternatives or to provide you with information about health related benefits and services that may be of interest to you. In addition, we may disclose your health information for public health oversight activities, judicial or administrative proceedings, in response to a subpoena or court order, to military authorities of Armed Services personnel, to federal official for lawful intelligence, counter intelligence, and other national security activities, to correctional institutions or law enforcement officials, and/or to report suspected abuse, neglect, or domestic violence. 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 have already taken actions relying on your authorization.

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 to disclosures to family member, other relative, 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 remove it.

2. The right to request confidential communications of protected health information from us by alternative means or at alternative locations.
3. The rights to access, inspect, and copy your protected health information, with limited exceptions. A reasonable fee may be assessed.
4. The right to request an amendment to your protected health information. We may, however, deny your request in certain situations.
5. The right to receive an accounting of disclosures of protected health information made outside of treatment, payment, or health operations or based on your previous authorization.
6. The right to obtain a paper copy of this notice from us upon request, even if you have agreed to receive the notice electronically.

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 as of June 15, 2004 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 Notice of Privacy Practices and to make the new notice provisions for all protected health information that we maintain. Revision to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

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, Office of Civil Right, 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 contact:

Friends & Family Dentistry
44121 Harry Byrd Hwy, Suite 155
Ashburn, VA 20147
Telephone: 571-918-0077

For more information about HIPPA or to file a complaint, please contact:

The U.S. Department of Health and Human Services
Office of Civil Rights
200 Independent Ave. S.W.
Washington, D.C. 20201
Telephone: 877-696-6775

Signed and Reviewed by Friends & Family Dentistry Office Manager