



832 Germantown Pike, Suite 1  
Plymouth Meeting, PA 19462  
Office 610.277.0996, Fax 610.275.5075  
info@plymouthmeetingdentistry.com  
www.plymouthmeetingdentistry.com

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.**

**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 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 takes effect April 1<sup>st</sup>, 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 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 top of this Notice.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:**

Your protected health information may be used and disclosed by your dentist, our office staff and others outside of our office that are involved in your care and treatment for the purposes of providing health care services to you, to pay your health care bills, to support the operations of the dentist's practice, and any other uses required by law.

*Treatment:* We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to another dentist to whom you have been referred to ensure that the dentist has all the necessary information to aid in diagnosis and treatment of you.

*Payment:* Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining pre-approval for a dental procedure may require that your relevant protected health information be disclosed to your dental plan to obtain pre-approval for said dental procedure.

*Healthcare Operations:* We may use or disclose, as needed, your protected health information in order to support the business activities of your dentist's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of dental hygiene, Expanded Function Dental Assistants(EFDAs) and other support staff, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to the above said mentioned staff in training that have seen patients in our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your dentist. We may also call you by name in the waiting room when your dentist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

*Required by Law:* We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law: Public Health issues as required by law: Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the Law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

*Your Authorization:* In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we can not 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 can not 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 in the header of this Notice. We will charge you a reasonable cost based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address in the header of this Notice. If you request copies, we will charge you \$0.50 per page for copies and \$15.00 per hour for staff time and postage, if requested to be mailed, to locate, copy and mail the request health information. Alternative formats will be charge accordingly.

*Disclosure Accounting:* You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information for the past 6 years, but not before April 14<sup>th</sup>, 2003. If you request this information more than once in a 12 month period, then we may charge you a reasonable, cost-based fee for responding to these additional requests.

*Amendment:* You have the right to have your dentist amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.

**QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions 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 to us using the contact information listed in the header 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.

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.