



Email: info@stamfordfamilydental.com

Family Dental Care of Stamford

ANNA FROMZEL, D.D.S.

50 Glenbrook Rd., Suite 1-D
Stamford, CT 06902

• Phone: 203-569-0880

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Effective: April, 2006

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND FURTHER HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This Notice is provided pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 C.F.R. Parts 160 through 164). The only health information the office receives, generates, and maintains is the information at our office that is governed by HIPAA. HIPAA requires that our office maintain the privacy of your personal health information; this Notice explains how the office may use and disclose your health information, as well as its obligations with respect to the use and disclosure of your health information, and, further, it outlines your rights in relations to that health information.

With your consent, federal privacy laws allow our practice to make such uses and disclosures of your health information that we need for the purposes of treatment, payment, and health care operations. This information that we create and obtain while providing our services to you is the protected health information. Such information typically includes things such as your symptoms, examination and test results, diagnoses, treatment, and records of applying for future care or treatment. It also includes billing documentation for the services rendered.

Example of how your health information may be used for treatment purposes: A member of our personnel records the treatment data about you into your health record. In the course of your treatment, the doctor determines that you need to consult with another health specialist. The doctor will share the information with such a specialist, and also will obtain input from the specialist.

Example of how your health information may be used for payment purposes: We submit our request for payment to your health insurance company. The insurance company may request information from us regarding medical care given. We will then provide the information about you and the care we provided to you to the insurance company.

Example of how your information may be used for health care operations: Our practice obtains ancillary services from our partners, such as insurers or other business associates, such as quality improvement, assurance or assessment, outcome evaluation, training or credentialing programs, protocol and clinical guidelines development, medical reviews, or legal services, and the like. We will share your medical information with such partners or insurers, or business associates to the extent it is necessary for us to either comply with their requirements or to obtain their services.

Additionally, we may call or write or otherwise contact you to remind you of scheduled appointments, or to inform you that it is time for making a routine appointment. We may contact you in order to notify you of other treatments or services available at our office that might benefit you. Unless you instruct us otherwise, we may mail you an appointment reminder via mail, and/or leave you a corresponding message on your answering machine (or with a household member), and/or send you a text message.



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Your Rights With Respect to The Health Information

The health record we create and maintain, as well as the billing records are the physical property of our practice. Nevertheless, the information contained therein, belongs to you. Consequently, you have a right to:

- Request restrictions on certain uses and/or disclosures of your health information by delivering the corresponding request, in writing, to our office. We are not required to grant your request; however, if we do, we will comply with it;
- Request an inspection and/or copy of your health record and billing record. In order exercise this right, you need to submit a written request to our office;
- Except in certain circumstances, you have a right to appeal a denial of access to your protected health information;
- Request to correct, amend, or supplement any incomplete or incorrect information contained in your record. You may do so by submitting a written request to our office;
- If the amendment or correction requested by you is denied, you have a right to file a statement of disagreement and require that both your request for amendment and the denial be contained in all future pertinent disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information, as such disclosures are required to be maintained by law. You may obtain such an accounting by delivering a written request to our office. Please be aware that such accounting will not include internal disclosures of your information used for treatment, payment, or operations; nor disclosures made to you or made pursuant to your request; nor disclosures made to family members or friends in the course of providing care to you;
- Request that disclosures, transmissions, or communication of your protected health information be made by alternative means or to/at an alternative location. That may be accomplished by delivering a written request to our office; and,
- Revoke any prior authorizations that you have given us regarding the use or disclose of your protected health information, except it would apply to prospective disclosures only, and that it would not apply to any information or action that has already been taken by delivering the written revocation itself to our office.

Complaints

If you think that we have not taken the proper steps to protect the privacy of your health information, you have the right to complain either directly to us, or to the U.S. Department of Health and Human Services, Office for Civil Rights. If you so complain, we will not retaliate against you. If you want to exercise any of the above rights, or if have any questions regarding this Notice, please contact our Privacy Officer

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Our Notice of Privacy Practices

We are legally required to abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this Notice at any time to the full extent allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have, as well as to any such information that we may obtain or generate in the future. If we change our Notice of Privacy Practices, we will post the new Notice in our office, and we will have copies of it available in our office, as well as on our Web site.

Our Responsibilities:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of our duties and privacy practices with respect to the information we collect, generate, and maintain about you;
- Abide by the terms of this Notice until such time as it is changed;
- Notify you if we cannot accommodate a request from you, such to restrict or to amend your information; and
- Accommodate reasonable requests from you regarding the methods to communicate and exchange with you your health information.

Other Disclosures and Uses Notification

Unless you object, and to the extent permitted by law, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Communication with family: Using our sole best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care, or relevant to payment for such care if you do not object, or in an even of an emergency.

Food and Drug Administration (FDA): We may disclose to the FDA your protected health information to the extent it relates to adverse effects of products and product defects, as well as in relation to post-marketing surveillance information, such as product recalls, repairs, or replacements.

Workers Compensation: If you are applying for compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health: We may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability to the extent such disclosure is required by law.

Abuse & Neglect: We may disclose your protected health information to public authorities in order to report abuse or neglect to the full extent such disclosure is mandated and/or allowed by law.

Correctional Institutions: If you are an inmate of a correctional institution, we may disclose your protected health information to either to the institution itself, or to its agents, to the extent necessary for your health, as well as the health and safety of other people.

Law Enforcement: We may disclose your protected health information for law enforcement purposes as it may be required by law, such as when ordered by a court of competent jurisdiction, or requested by authorities in cases involving felony prosecutions, or to the extent mandated in a case when an individual is in the custody of law enforcement.



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Health Oversight: Your protected health information may be released to appropriate health oversight agencies or for health oversight activities to the extent allowed or mandated by federal law.

Judicial/Administrative Proceedings: To the extent allowed or mandated by law, we may disclose your protected health information in the course of any judicial or administrative proceeding either by your consent, or pursuant to an order of a court of competent jurisdiction, or mandate by other proper authority.

Other Uses: Other uses and disclosures, besides those identified in this Notice, can be made only as otherwise authorized or mandated by law, or with your prior written authorization. To the extent it does not conflict with any existing law, you may revoke your previously-provided authorization.

Website: This Notice will be published on our website if an individual website describing our entity exists.