

# **Shoreland Dental**

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## **NOTICE OF PRIVACY PRACTICES**

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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

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We respect our legal obligation to keep private any health information that identifies you. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

### **TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

The most common reason why we use or disclose your health information is for treatment. Payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; examining your teeth, mouth and oral health; prescribing medications and calling pharmacies to have them filled; prescribing dental appliances and dental prostheses; discussing fabrication of dental appliances or prostheses with dental laboratory employees showing you treatment options; referring you to another dentist for specialty care and discussing the necessary are with that specialist; getting copies of your health information from another health professional that may have treated you previously; disclosing necessary dental treatment to a medical professional in order to obtain medical clearance. Examples of how we use or disclose your health information for payment purposes are: asking you about your dental insurance plan or other sources of payment; preparing and sending bills or insurance claims; collecting unpaid accounts through use of collection agencies or attorneys. "Health care operations" means those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; outside storage of patient records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for any of these reasons we will not ask you for special written permission.

### **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never occur at our office at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose
- For public health purposes, such as: contagious disease reporting, investigation or surveillance, and notices to and from the federal Food and Drug Administration regarding drugs or medical devices
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence
- Uses and disclosures for health oversight activities, such as: for the licensing of doctors, for audits by Medicare or Medicaid, or for investigation of possible violations of health care laws
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies
- Disclosures for law enforcement purposes, such as: to provide information about someone who is or suspected to be a victim of a crime, to provide information about a crime at our office, or to report a crime that has happened somewhere else
- Disclosure to a medical examiner to identify a deceased person or to determine the cause of death
- Disclosure to funeral directors to aid in burial or to organizations that handle organ or tissue donations
- Uses or disclosures for health related research
- Uses or disclosures to prevent a serious threat to health and safety
- Uses or disclosures for specialized government functions, such as: for the protection of the President or high ranking government officials, for lawful national intelligence activities, for military purposes, or for the evaluation and health of members of the foreign military service
- Disclosures of de-identified information
- Disclosures relating to worker's compensation programs
- Disclosures of a "limited data set" for research, public health or health care operations
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information

## **APPOINTMENT REMINDERS**

We may call, write, email or text you to remind you of your scheduled appointments, or to remind you that you are due to schedule an appointment. We may also call, write, email or text you to notify you of treatments or services available at our office that might help you or that your insurance company has pre-authorized for you to have performed. Unless you tell us otherwise, we will mail you post card appointment reminders and leave appointment reminder messages on your answering machine/voicemail or with someone who answers your phone for you.

## **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes we may initiate the authorization process if the use or disclosure is our idea. Sometimes you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use our *Request for Release of Health Information* form.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization form we cannot make the use or disclosure. If you do sign the authorization form you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be sent in writing to our office.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment, or health care operations. We do not have to agree to do this. But, if we agree, we must honor the restrictions that you request. We must honor a restriction not to send information to a health care plan regarding any service for which you have already made full payment. To request a restriction, you must send a written request to the office.
- Ask us to communicate with you in a confidential way, such as by calling you at work rather than at home, by mailing health information to a different address, or by using email. We will accommodate any reasonable requests and may need to ask you for financial reimbursement for any additional costs that your request requires. If you want to ask for confidential communication, you must send a written request to our office.
- Ask to see or receive photocopies of your health information that we have on record. By law, there are a few limited situations in which we may refuse to permit access to your record. Most of the time, you will be able to review or have a copy of your records within 10 days of your request to do so. There may be an administrative charge for having copies of your records made. If we deny your request, we will send you a written explanation and instructions on how to get an impartial review of our denial, if one is legally available. If you want to review or get photocopies of your records you must send a written request to our office.
- Ask us to amend your health information if you believe that your record is inaccurate or incomplete. If we agree, we will amend the information within 60 days of your request. We will send the corrected information to any persons who had received the wrong information, including any other persons that you specify in your request. If we do not agree, you may write a statement of your position and we will include it with our record of your health information, including any rebuttal statement we may write. Once your statement of position and/or our rebuttal have been included in your record, we will include it whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you would like to request that we amend your health information, you must send that request in writing to our office.
- Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations, disclosures with your authorization, incidental disclosures, disclosures required by law, and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receipt of the request, but by law we can have one 30 day extension if we notify you of that extension in writing.
- Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you received one already. If you want additional paper copies, you must send a written request to our office.
- Be notified by us in a timely manner of any breach of the privacy and confidentiality of your unsecured protected health information record, which we will provide to you in accordance with law and take all appropriate measures to address.

## **OUR NOTICE OF PRIVACY PRACTICES**

By law, we must 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 as 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 such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and have copies available in our office.

## **COMPLAINTS**

If you think that we have not properly respected the privacy of your health information, you may complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. If you want to file a complaint with us, you may file your complaint with us by phone or in person, or you may send your complaint to us in writing.