

HIPAA Notice of Privacy Practices

**Paul Mitrofan, D.M.D.
Natural Smiles, LLC
3300 Hamilton Mill Rd., Ste. 106
Buford, GA 30519
678-714-0110**

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

This Notice of Privacy is concerned with our legal duty to protect the privacy of your health information and describes your rights to access and control your protected health information. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are within the applicable law. A copy of the new notice would be available upon request. You may request a copy of our notice at any time.

Uses and Disclosures of Health Information

Health information about you may be used and disclosed by our office staff and others outside of our office that are involved in your care for the purpose of providing treatment, to pay your health care bills or other health care related operations as required by law.

Treatment: We may use your health information for treatment or disclose it to another dentist, physician or other health care provider to whom you have been referred to ensure proper diagnose and treatment.

Payment: We may use and disclose your health information to obtain payment for services provided to you. We may also disclose your health information to another health care provider or entity that is subject to federal Privacy Rules for its payment activities.

Health care operations: We may use and disclose your health information for our health care operations. Health care operations include quality assessment and improvement reviewing the competence or qualifications of health care professionals, evaluating employee performance, conducting training programs, accreditation, licensing, certification or other business activities. We may disclose your health information to another health care provider or organization that is subject to the federal privacy rules and has a relationship with you to support some of their health care operations.

On your authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose, authorization that you may revoke in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.

Appointment reminders: We may use or disclose your health information to provide you with appointment reminders (voicemail messages, postcards or letters).

Public benefit: We may use or disclose your health information to a public or private entity authorized by law for the following purposes deemed to be in the public interest or benefit as required by law, for

public health activities including disease and vital statistic reporting, child abuse reporting, FDA oversight and to employers regarding work related illness or injury, to report adult abuse, neglect or domestic violence, to health oversight agencies, in response to court and administrative orders or other lawful processes, to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crime in emergencies and for purposes of identifying or locating a suspect or other person; to coroners, medical examiners and funeral directors; to an organ procurement organizations; to avert a serious threat to health safety; in connection with certain research activities, to the military and to federal officials, for lawful intelligence, counterintelligence and national security activities; to correctional institutions regarding inmates; and as authorized by state worker's compensation laws.

Patient's Rights

Access: You have the right to look or get copies of your health information with limited exceptions. You must make a request in writing to obtain access to your health information. If you request copies we will charge you a reasonable cost-based fee that may include labor, copying costs and postage. If you prefer, we may – but are not required to – prepare a summary or an explanation of your health information for a fee.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will be abiding by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing, signed by a person authorized to make such an agreement on our behalf. Your request is not binding unless our agreement is in writing.

Amendment: You have the right that we amend your health information. Your request must be in writing and it must explain why we should amend the information. We may deny your request under certain circumstances.

Complains: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filling a complaint.

Signature below is acknowledgment that you have received this HIPAA Notice of our Privacy Practices:

Print Name _____ Signature _____ Date _____

Patient's Name (if signed by parent or legal guardian) _____