

Notice of Privacy Practices

Please Review the following carefully. This describes how medical information about a patient in our practice might be used or disclosed. It also details how you can get access to that information.

The Health Insurance Portability and Accountability Act (HIPAA) requires health care records and other identifiable health information used or disclosed to us in any form to be kept confidential. HIPAA provides penalties for applicable entities that misuse personal health information. As required by law, this is an explanation of how we may use or disclose your health information. The following definitions apply :

Payment – this means activities such as obtaining reimbursement and confirming coverage, utilization review and billing or collection events. As an example, we may need to disclose treatment when we submit for payment to a dental insurance plan.

Health care Operations – this is describing the day to day operations of our dental practice. Patient information may be used in the review of our systems or staff training

Treatment – this covers providing or coordinating health care services by ourselves or in conjunction with other providers. For example, it may be necessary to share details of your treatment to other specialists or providers also involved in your care.

We may create and distribute health information that has had all references to an individual removed. An example would be using a photo for educational purposes that has no information that could allow identification of a specific patient.

We may also initiate contact with you regarding an appointment reminder

You have certain rights related to your protected health care information which you can exercise if you present a written request to our privacy officer as listed on this form:

- The right to receive a paper copy of this notice on request.
- The right to request an amendment to your protected information. We may deny that request under certain circumstances.
- The right to access, inspect and copy your protected information with limited exceptions. A reasonable fee for such copying may be assessed
- The right to receive an accounting of disclosures made outside of treatment, payment or health care operations as described above, or based on prior authorization.
- The right to request to receive confidential communications of protected information by alternative means or to an alternative location (address, etc.)
- You have the right to request restrictions on certain use or disclosure of protected information including to family members or others identified by you. We are, however, not required to agree to a requested restriction. If we do agree, we must abide by it unless we receive another request in writing to remove it.

Notice of Privacy Practices
(continued)

We are required to maintain the privacy of your protected health information and provide you with notice of our privacy practices and legal duties with respect to that health information.

This notice is effective as of 4/1/2003 and we are required to adhere to the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and make the new notice effective for all protected health information that we maintain. Revisions will be posted and you may request a written copy.

You retain the right to file a complaint with our office or the Department of Health and Human Services, Office of Civil Rights. We will not initiate retaliatory action for filing such a complaint.

For information of clarification, contact :

Dr. Charles Steel
605 Olney-Sandy Spring Rd.
Sandy Spring, MD 20860
301-774-8555

For information regarding HIPAA or to file a complaint :

US Department of Health and Human Services
Office of Civil Rights
200 Independence Ave., SW
Washington, DC, 20201

877-696-6775 (Toll Free)

Please Note : For safety, access, clinical necessity and patient convenience, we have an open traffic flow adjacent to both our business area and the treatment rooms in our office. We make every effort to provide excellent care and maintain your privacy. Please inform us immediately if you have any concerns. Thank you.