

## **HIPAA Notice of Privacy Practices For Personal Health Information**

This notice describes how *protected health information* about you or your child may be used or disclosed to carry out treatment, payment, and healthcare operations and how you can get access to this information. Please review it carefully.

### **Uses and disclosures of health information**

Your protected health information (individually identifiable information, such as medical history, names, phone/fax numbers, email addresses, home addresses, social-security numbers, and demographic data) may be disclosed by us in one or more of the following respects:

- To other health care providers (your physician, general dentist, dental specialists, etc.) as pertains to your orthodontic treatment;
- To third-party payers or responsible parties (insurance companies, employers with direct reimbursement, administrators of “flex spending” accounts, etc.);
- To certifying, licensing and accrediting bodies, e.g. the American Board of Orthodontists;
- To any staff member of our office with a role in your treatment.

We may contact you by phone, mail, fax, or email to provide appointment reminders or other health-related information. We may use or disclose your protected health information when required by law, e.g. to law-enforcement officials and appropriate government agencies; for judicial and administrative proceedings, public-health measures, and workers compensation; and to avoid a serious threat to your health or safety. Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke.

**Patient rights** - Under the privacy rules, you have the right to:

- Request in writing restrictions on the use and disclosure of your protected health information;
- Request confidential communication of your protected health information;
- Obtain copies of your health information;
- Amend or modify your protected health information in certain circumstances;
- Receive an accounting of certain disclosures made by us of your protected health information for purposes other than treatment, payment, healthcare operations and other activities, for the last 6 years, but not before April 14, 2003.

You may, without risk of retaliation, file a written complaint as to any violation of your privacy rights by submitting it to our Privacy Contact Person (at *Zweihorn Orthodontics, 4119 13<sup>th</sup> Avenue, Brooklyn, NY 11219, to the attention of “Privacy Contact Person”*) or to the Department of Health and Human Services.

**Initial:** \_\_\_\_\_



**Our legal duty** - We have the following duties under the privacy rules:

- To maintain the privacy of protected health information;
- To provide you with this notice setting forth our legal duties and privacy practices with respect to such information;
- To abide by the terms of our Privacy Notice that is currently in effect;
- To advise you of our right to change the terms of this Privacy Notice and to make the new provisions effective for all protected health information maintained by us. (If we do so, we will provide you with a copy of the revised Privacy Notice.)

*Please note that we are not obligated to:* honor a request to further restrict the use or disclosure of protected health information; amend your protected health information if it is accurate and complete; guarantee that your protected health information will never be incidentally overheard by persons not involved in your treatment.

This privacy notice is effective as of the date of your signature on the acknowledgement of receipt of this notice. If you have any questions about the information in this notice, please ask for our Privacy Contact Person.

Thank you.

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*Patient's Name*

I acknowledge receipt of the HIPAA Privacy Notice from Zweihorn Orthodontics

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*Signature of Patient, or Parent/Legal Guardian*

*Date*

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*Print Name of Parent or Legal Guardian*

