

NOTICE OF PRIVACY PRACTICES

FOR NOVI ORAL AND MAXILLOFACIAL SURGERY,

DR. ARVIND GULATI, D.D.S.

Dear Patient,

The new Federal laws (HIPAA-Health Insurance Portability and Accountability Act) have been written to protect the confidentiality of your health information. This notice describes how your health information may be used and disclosed and how you can obtain access to this information. Please review the following carefully.

Why a privacy policy now?

The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of the computer technology and its use in healthcare. The government has sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computers but also with the Internet, phone faxes, copy machines and charts. Policies and procedures, as a result have been placed in writing to ensure the protection of your health information everywhere it is used.

Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient.

HOW YOUR HEALTH INFORMATION MAY BE USED.

Treatment

We will use your health information within our office to provide you with the appropriate care. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between all office staff. In addition we may share your health information with physicians, referring dentists, clinical and dental laboratories, pharmacies or other indicated health care personnel providing you treatment.

Payment

We may include your health information with an invoice used to collect payment for treatment you received in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will attempt to work with companies with a similar commitment to the security of your health information.

To Conduct Health Care Operations

Your health information may be used in connection with our healthcare operations. These healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Patient Reminders

We will remind you about scheduled appointments or that it is time for you to contact us and make an appointment. Also, we may contact you to follow up on our care and inform you of treatment options or services that may be of interest to you or your family. Communication may take on the form of postcards, letters, telephone reminders or electronic reminders such as email.

Abuse or Neglect

Ethical judgment will be used and appropriate government authorities will be notified if we believe the patient is a victim of abuse, neglect or domestic violence. Your health information will be disclosed to extent necessary to avert a serious threat to your health or safety or the health of others.

Public Health and National Security

Disclosure to Federal officials or military authorities regarding your health history may be necessary to complete an investigation related to public health or national security.

Law Enforcement

Disclosure of your health information may be necessary to a law enforcement official as permitted or required by Federal or State laws.

Family, Friends and Caregivers

Your health information will be provided to only those individuals you identify, that may be involved with your treatment, medications and/or payment. In case of your incapacity or an emergency, in which you are unable to indicate your desires, our professional judgment will be used when sharing your health information, especially when it may be important to those participating in your care.

Authorization to Use or Disclose Your Health Information

Other than that mentioned above, as per Federal, State or Local Law requirements, we will not disclose your health information other than with your authorization. This authorization can be revoked at any time. This request must be in writing.

PATIENT RIGHTS**Restrictions**

You have the right to place restrictions on certain issues and disclosures of your health information.

Confidential Communications

You have the right to request that we communicate with you by alternative means or to alternative locations. This request must be made in writing. You may request that we only communicate your health information privately with no other family members present or through mailed communications that are sealed.

Access To Your Health Information

You have the right to read, review and copy your health information, including your complete chart, x-rays, and billing information. Please place this request in writing. There will be a reasonable fee associated to duplicate and assemble your copied information.

Amendment

You have the right to request that we update or modify your health information. Your request must be in writing and it must explain why the information should be amended. Your request may be denied if the health information record in question was not created by our office, is not a part of our records or if the records containing your health information are determined to be accurate and complete.

Documentation of Health Information

You have the right to ask how and where your health information was used by our office for any reason other than for treatment, payment or health operations. Please notify us as to the time period in which you are interested in writing. Please limit your request to no more than six years, and from April 14th, 2003 and forward. There may be a fee associated with this request.

Request a Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices at any time. We are required by law to maintain the privacy of your health information. We are required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. However, we reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by law. If changes are made to the privacy practices, the revised notice will be made available to all patients.

You have the right to express complaints to us or the Secretary of Health and Human Services if you believe your privacy rights have been compromised. Please indicate your concerns in writing.

PATIENT ACKNOWLEDGEMENT

I have read and acknowledge receipt of the Privacy Practices for Novi Oral and Maxillofacial Surgery.

Patient Name (please print) _____

Patient Signature _____ Date _____