

## **BROOKFIELD FAMILY DENTAL ART LLC**

### **Notice of Privacy Practices**

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.

**Practice Covered By this Notice:** This notice describes the privacy practices of

#### **How to Contact Us:**

Write to: BROOKFIELD FAMILY DENTAL ART LLC  
533 FEDERAL ROAD  
BROOKFIELD, CT 06804  
PHONE: 203-740-1014 & 203-740-1015  
FAX: 203-740-1016

**Information Covered By This Notice:** we create and maintain record about dental care services you receive at BROOKFIELD FAMILY DENTAL ART LLC. Having these records helps us provide you with quality care and to comply with certain legal requirements. This notice applies to health information about you that we create or receive and that identifies you. This notice tells you about the ways we may use and disclose health information about you. It also describes your rights and certain obligations we have with respect to your health information.

**We Are Required By Law To:** Maintain the privacy of health information that identifies you; give you this notice of our legal duties and privacy practices with respect to that information; and abide by the terms of our privacy notice that is currently in effect.

Copies of our privacy Notice will be posted in our office and are, at all times, available upon request.

#### **How We May Use and Disclose Health Information About You:**

**Treatment:** We may use health information about you to provide you with dental treatment or services. We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care. For example, a periodontist treating you for periodontal disease may need to know if you have a heart condition because it could necessitate antibiotics before treatment.

**Payment:** We may use and disclose your health information so the treatment and services you receive may be billed to, and payment may be collected from, an insurance carrier or other entity. For example, we may need to give your health insurance provider information about care you received at our office so they will pay us or reimburse you for the services.

**Health Care Operations:** We may use and disclose health information about you in connection with a wide range of health care operations. These uses and disclosures are necessary to run our practice and to help ensure that our patients receive appropriate care. For example, we may use health information about you to review our treatment and services and evaluate the performance of our staff of health care professionals.

**Appointment Reminders:** We may use or disclose health information about you when contacting you to remind you of a dental appointment. We may contact you using a postcard, letter, voicemail, email or text.

**Organ, Eye and Tissue Donation:** We may use or disclose health information about you to organ procurement organizations or other that obtain, bank or transplant cadaveric organs, eyes or tissue for donation and transplant.

**Serious Threat to Health or Safety:** We may use or disclose health information about you if we believe it necessary to do so to prevent or lessen a serious threat to anyone's health or safety. We would make such a disclosure only to someone able to help prevent or lessen the threat or, under certain circumstances, if the disclosure is necessary for law enforcement authorities to identify and apprehend an individual.

**Specialized Government Functions:** If you are a member of the armed forces, we may, under certain circumstances, use and disclose health information about you as required by military command authorities. We also may use and disclose health information about foreign military personnel to the appropriate foreign military authority. We may disclose health information about you to authorized federal officials to (I) conduct certain national security activities, (II) provide protection to the President or other authorized people, or (III) conduct certain investigations. We may disclose to a correctional institution, or law enforcement official having custody of individual, health information about that individual.

**Worker' Compensation:** We may disclose health information about you to comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Other Uses of Health Information:** We will make other uses and disclosures of health information not discussed in this notice only with your written authorization. If you authorize us to use or disclose health information about you, you may revoke that authorization at any time. Your revocation must be in writing. If you revoke your prior authorization, we will no longer use or disclose health information about you for the reasons covered by that authorization. You cannot revoke your authorization to the extent that we have already taken action based on that authorization. For example, we are unable to take back any disclosures we have already made with prior authorization.

### **Your Rights**

**Right to Access:** You may inspect and request a copy of certain health information we have about you. We have forms for just requests. These requests must be in writing and must be directed to our contact officer listed on the first page of this notice. We will provide a copy in format you request if it is readily producible. If not readily producible, we will provide it in hard copy format or other format that is mutually agreeable. If you are the recipient of electronic notice, you may obtain a paper copy upon request. We will charge a reasonable, cost-based fee when asked to provide copies of you health information.

**Right to Amend:** If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information. Such requests must be made in writing and must include a reason to support the request. Under some circumstances, we may deny such request, but you are entitled to a written response within 60 days of our receipt of your written request.

**Right to Request Restrictions:** You may request that we restrict our uses or disclosures of certain health information about you to carry out treatment, payment, or health care options. We may not (and are not required to) agree to requested restrictions. We will not use or disclose any health information about you in violation of nay restrictions that we agree to other than in providing emergency treatment.

**Confidential Communications: Alternative Means, Alternative Locations:** You may ask to receive communications of health information by alternative means or at an alternative location. We will accommodate all reasonable requests. You must provide this type of request to us in writing and provide an alternative method of contact or alternative address. We will provide an estimate of the fee for this service in advance and ask that you provide information as to how payment will be handled.

**Accounting Disclosures:** You have a right to receive an accounting of disclosures we have made of health information about you for the six years prior to the date that the accounting is requested except for disclosures to carry out treatment, payments, health care operations, and certain other disclosures. The first

such accounting we provide within any 12 month period will be without charge to you. We will charge a reasonable, cost-based fee for each subsequent request for an accounting within a 12 month period. We will notify you in advance of this fee.

**Right to Paper Copy of this Notice:** You have the right to a paper copy of this notice. To obtain a paper copy, ask any staff member.

### **Changes to the Notice**

We reserve the right to change the terms of this notice and to make the changed notice provisions effective for all health information we have about you or create or receive in the future. We will promptly revise, post, and distribute a revised notice whenever there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this notice. Our privacy notice will contain the effective date on the first page, in the top right-hand corner.

### **Complaints**

If you have any complaints about your privacy rights or how your health information has been used or disclosed you may file a written complaint with the U.S. Department of Health and Human Services by contacting:

The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., Washington, D.C. 20201

The privacy of your health information is important to us. We will not retaliate against you in any way if you choose to file a complaint.