

MASTER DENTAL

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This notice describes how medical information about you may be used and how you can get access to this information.

PLEASE REVIEW CAREFULLY

This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control your PHI. "Protected Health Information" or PHI is information about you, including demographic information that may identify you and that related to your past, present or future physical or mental health or condition and related health services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be used and disclosed by your doctor, our office staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the doctor's practice.

TREATMENT: We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination of management of your health care with a third party that has already obtained your permission to have access to your PHI.

In addition, we may disclose your PHI from time-to-time to another doctor or health care provider (e.g., a specialist, laboratory or technician) who, at the request of your doctor, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

PAYMENT: Your PHI will be used as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care we recommend for you.

HEALTHCARE OPERATIONS: We may use or disclose, as needed, your PHI in order to support the business activities of your doctor's practice. These activities include but are not limited to, quality assessments activities, employee review activities, training of medical and dental students and conducting or arranging for other business activities.

We will share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON OUR WRITTEN AUTHORIZATION: Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES: We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of the PHI. If you are not present or able to agree or object to the use or disclosure of all part of the PHI, then your doctor may, using professional judgment, determine whether the disclosure is in your best interest. In this case. Only the PHI that is relevant to your health care will be disclosed.

OTHERS INVOLVED IN YOUR HEALTH CARE: Unless you object, we may disclose to a member of your family, relative, a close friend, or any other person you identify, your PHI that is directly related to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying family members, personal representatives or any other person that is responsible for the care of your location, general condition, or death.

We may use or disclose your PHI in an emergency treatment procedure. We may use or disclose your PHI if your doctor or another doctor in the practice attempts to obtain consent from you but is unable to do so due to substantial communications barriers.

We may also disclose your PHI in the following ways: As required by law; Public Health; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration; Activity and National Security; Worker's Compensation; Inmates.

Requires uses and disclosures: under the law we must make disclosures to you and when required by the Secretary of The Department of Health and Human Resources to investigate or determine our compliance with the requirements of Section 164.500 ET.Seq.

2. YOUR RIGHTS

Following is the statement of your rights with respect to you PHI and a brief description of how you may exercise these rights:

- You have the right to inspect and copy your PHI.
- You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices.
- Your request must state the specific restriction, and to whom you want the restriction to apply. Your request should be in writing.
- Your doctor is not required to agree to a restriction that you may request. If the doctor believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted.
- You have the right to request to receive confidential communications from us by alternative means and alternative location. We will accommodate reasonable requests.
- You may have the right to have your doctor amend your protected health information. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain the information. In certain cases, we may deny your request for an amendment.
- You have the right to receive an accounting of certain disclosures except for treatment, payment or health care operations.

3. COMPLAINTS

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 filing a complaint.

You may contact our Privacy Contact at (718) 274-2871 for further information about the complaint process.

This notice was published and becomes effective March 8, 2005.

I have read and understood the above Notice of Privacy Practices.

Signature of Patient or Guardian