

Effective April 14, 2003

**ALLIANCE DENTAL P.C.**  
**84-11 Northern Blvd.**  
**Jackson Heights, NY 11372**  
**(718)424-7100**  
**(718)424-7898 Fax**

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.

The privacy of your medical information is important to us. You may be aware that U.S. government regulators established a privacy rule ("HIPPA") governing protected health information. This notice tells you how it may be used and about certain right that you have.

Dr. Veniamin M. Levant D.D.S. is in charge of privacy matters at our office. You can contact him at (718)424-7100 if you desire further information or have any questions or concerns.

**Use and disclosure of protect information.**

- Federal law provides that we may use your medical information (protected health information) for treatment of you without further specific notice to you or written authorization by you (for example, if we refer you to a specialist, we may provide laboratory or test data in addition to chart notes to that specialist.)
- Federal law provides that we may use your medical information for submission of dental claims, this includes electronic submission, to obtain payment for our services without further specific notice to you written authorization by you (for example, dental claims will be sent out electronically through secure HIPPA approved channels or if the insurance plan requires by mail in a secure envelope)
- Federal law provides that we may use your medical information for health care operations without further specific notice to you or written authorization by you. (For example, our accountants may see name, dates of treatment and procedure codes during audits of our books.) Also, we may use your information for financial services, quality assurance, risk reduction and claim management purposes with our medical professional liability insurer.
- We may contact you by mail or phone at your residence to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answer the phone at your residence.
- You may make reasonable requests in writing for us to use alternative methods of communicating with you in a confidential manner. You may request the necessary forms at the reception area.
- Other uses of disclosures of your medical information will be made only with your written authorization. You have the right to revoke any written authorization that you give.
- New York State law provides additional protection for information regarding HIV/AIDS. We will continue to follow New York State law with respect to such information.

**Your Rights**

- You have the right to request restrictions certain of the uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions.
- You have the right to inspect and obtain copies of your medical information and x-rays (a reasonable fee will be charged for preparation of all copies). You must pay the copy/duplication charges on the day of the request or the request will not be processed.
- You have the right to request amendments to your medical information. All requests must be provided in writing to the reception area and will be valid as of the date they are processed. Reasons

must be stated for the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.

- You have the right to request a ledger of any disclosures we make of your medical information except for: disclosures we make to you or to carry out treatment, payment or health care operations or as requested by your written authorization, or as permitted or required under 45 CFR \$ 164.502, or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law, or to correctional facilities or law enforcement officials as permitted by law [or for research or public health purposes after being de-identified or limited to remove personally identifiable information], or disclosures made before April 14, 2003.

If you have received this notice electronically, you have the right to obtain a paper copy from our office.

We may use or disclose your medical information without further notice to you or specific authorization by you where:

1. Required by law
2. Required for billing purposes
3. Required for public health purposes
4. Required by law to report child abuse
5. Required by a health oversight agency for oversight activities authorized by law, such as the Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct;
6. Required by law in judicial or administrative proceedings
7. Required by law enforcement purposes by law enforcement official.
8. Required by a coroner or medical examiner
9. Permitted by law to a funeral director
10. Permitted by law organ donation purposes
11. Permitted by law to avert a serious threat to health or safety
12. Required for collection purposes
13. Permitted by law and required by military authorities if you are a member of the armed forces of the United States;
14. Research purposes (if applicable to practice, see details at 45 CFR \$164.512(i).

**Obligations that we have.**

- We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices.
- We are required to abide by the terms of this notice as long as it is currently in effect.
- We reserve the right to revise this notice and to make a new notice effective for all protected health information we maintain any revised notice will be posted in our office and copies will be available there.

If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of Department of Health and Human Services of the United States. You may also file a complaint with us. Complaints should be directed to Dr. Veniamin M. Levant, 8411 Northern Blvd. Jackson Heights, NY 11372. No retaliatory action will be taken against you for any complaint you may make.

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_