

Aesthetic Dental Center Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed as well as how you can get access to this information. Please review it carefully.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4/14/03 and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Prior to making a significant change in our privacy practices, we will change this existing Notice and make the new Notice available. You may request a copy of our Notice at any time. For more information about our privacy practices, or additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

TREATMENT:

We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

PAYMENT:

We may use or disclose your health information to obtain payment for services we provide to you.

HEALTHCARE OPERATIONS:

We may use and disclose your health information in connection with our healthcare operations.

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.

YOUR AUTHORIZATION:

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone, for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. We cannot use or disclose your health information for any reason, except those described in this Notice, without a written authorization.

FAMILY AND FRIENDS:

We must disclose your health information to you, as described in the Patient Rights section of this Notice. With your consent, we may disclose your health information to a family member, friend or other person to the extent necessary in order to help with your healthcare or for payment of your healthcare.

PERSONS INVOLVED IN CARE:

We may use or disclose your health information to notify a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, we will provide you with an opportunity to object to use or disclosure of your health information. In the event of your incapacity or emergency circumstances, we will disclose health information based on our professional judgment disclosing only health information that is directly relevant to the persons involvement in your healthcare. We will use our experience with common practice to make reasonable inferences in allowing a person to pick up filled prescriptions, medical supplies, radiographs, or other similar forms of health information.

MARKETING HEALTH-RELATED SERVICES:

We will not use your health information for marketing communications without your written authorization.

ABUSE OR NEGLECT:

We may disclose your health information to appropriate authorities if we believe that you are a possible victim of abuse, neglect, domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health, safety or the health and safety of others.

REQUIRED BY LAW:

We may use or disclose your health information when we are required to do so by law.

NATIONAL SECURITY:

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose health information to correctional institutions and law enforcement officials having lawful custody of protected health information of inmate or patient, under certain circumstances.

APPOINTMENT REMINDERS:

We may use or disclose your health information to provide you with appointment reminders (such as automated text messages, emails, voicemail messages, postcards, or letters).

PATIENT RIGHTS

ACCESS: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.50 for each page, \$22.00 per hour for staff time to locate and copy your health information, as well as postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure).

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we, or our business associates, disclosed your health information for purposes other than treatment, payment, or healthcare operations, for the last 6 years but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

RESTRICTION: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide the agreement except in an emergency situations.

ALTERNATIVE COMMUNICATION: You must submit a written request that we communicate with you about your health information to alternative means or locations. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you requested.

AMENDMENT: You have the right to request that we amend your health information. Your request must be in writing, and explain why the information is being amended. We may deny your request under certain circumstances.

ELECTRONIC NOTICE: If you receive this Notice on our website or by e-mail, you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

Please contact us if you have questions or if you'd like more information about our privacy practices. Should you prefer to have us communicate with you by alternative means or locations, a written request is required. If there are any concerns that we may have violated your privacy rights, disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the disclosure of your health information, please make us aware. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information:

Aesthetic Dental Center

Privacy Officer Brenda Garcia

177 Pleasant Street

Concord, New Hampshire 03301

(603) 224-1743

I have received a copy of this office's Notice of Privacy Practices.

Response Date: