

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 Dental Practice Covered by this Notice

This Notice describes the privacy practice of the Pediatric Dental Office of Dr. Michelle Giumenta. "We" and "our" mean the Dental Practice. "You" and "your" means our patient.

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

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your dentist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing dental care services to you, to pay your dental care bills, to support the operation of the dental practice, and any other required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your dental care and any related services. This includes the coordination or management of your dental care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care for you. For example, your PHI may be provided to a physician or dentist to whom you have been referred to ensure that the physician or dentist has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your dental care services. For example, obtaining approval for dental care may require that your relevant PHI be disclosed to the dental plan to obtain approval for the necessary services.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of our dental practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of dental students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to dental school students that see patients at our office. In addition, we may use a sign-in sheet or computer at the registration desk where you will be asked to sign your name and indicate your dentist or hygienist. We may also call you by name in the waiting room when your dentist or hygienist is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may use email, text messaging or fax to communicate with you. If you do not want electronic communications, you may request in writing to not receive electronic communications.

We may use or disclose your PHI in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceeding; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers' Compensation; Inmates; Required Uses and Disclosures. Under the law, we must make disclosures to you when required by the Secretary of the Department Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures will be made ONLY with Your Consent, Authorization or Opportunity to object unless by law.

2. You May Revoke the Authorization, at any time, in writing, except to the extent that your dentist or the dental practice has taken an action in reliance on the use or disclosure indicated in the authorization.