

3. Your Rights: The following is a statement of your rights with respects to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare 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 requested and to whom you want the restriction to apply.

Your dentist is not required to agree to a restriction that you may request. If your dentist believes it is in our best interest to permit use and disclosure of PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive a copy of confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

You may have the right to have your dentist amend your protected health information. If we deny your request for amendment, you have the right to file a standard of disagreement with us. In response to this request, we may prepare a rebuttal to your statement and will provide you with a copy of any rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

4. As described in The Breach Notification Rule that is part of the HITECH Act of 2009, our office will notify all responsible parties of any breach of unsecured protected health information.

5. We reserve the right to change the terms of this notice and will inform you at your next dental appointment of any changes. You then have the right to object or withdraw as provided in this notice.

6. 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.

7. How to Contact Us/Our Privacy Official

If you have any questions or would like further information about this Notice, you can either write to or call the Privacy Official for our Dental Practice:

Dental Practice Name: Pediatric Dentistry

Privacy Official for Dental Practice: Michelle Giumenta

Dental Practice address and phone number: 2530 Amboy Rd. S.I. NY 10306 (718)979-6462.

This notice was published and becomes effective on/or before April 14, 2003.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.