

FOLLOWING IS OUR NOTICE OF PRIVACY PRACTICES (HIPAA) DOCUMENT AND  
SIGNATURE PAGE

PLEASE READ THE DOCUMENT. SIGN AND BRING THE SIGNATURE PAGE TO YOUR  
APPOINTMENT.

THANK YOU.

## **NOTICE OF PRIVACY PRACTICES (HIPAA) PLAINSBORO DENTAL CARE**

### **What is HIPAA?**

HIPAA is an acronym that stands for the Health Insurance Portability and Accountability Act, a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. Developed by the Department of Health and Human Services, these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. They represent a uniform, federal floor of privacy protections for consumers across the country. HIPAA took effect on April 14, 2003.

### **Your Rights**

When it comes to your dental health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **You have the right to:**

Get an electronic or paper copy of your dental record

- You can ask to see or receive an electronic or paper copy of your dental record and other health information we have about you.
- We will provide a copy or a summary of your dental health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your dental record

- You can ask us to correct dental or health information about you that you think is incorrect or incomplete.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain dental health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or dental care item out-of-pocket in full, you can ask us not to share that information with your dental insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your dental information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and dental care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, that will be provided to you promptly.

Choose someone to act on your behalf

- If you have given someone dental health care power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your dental health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your rights by contacting us using the information on PAGE 4 of this document.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

For certain dental health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us whether or not to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Unless you give us written permission, we never share your information for:

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

We typically use or share your dental health information in the following ways:

### Treatment

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

### Running our organization

We may use and share your dental health information to run our practice, improve your care, and contact you when necessary.

Example: We use dental health information about you to manage your treatment and services, sometimes sharing the information with a dental specialist.

### Billing for your services

We can use and share your dental health information to bill and get payment from dental plans or other entities.

Example: We give information about you to your dental insurance plan so it will pay for your services.

## How else can we use or share your dental health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### Help with public health and safety issues

We can share dental health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

### Research

We can use or share your information for dental health research.

### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Work with a dental examiner or funeral director

We can share dental health information with a coroner, dental examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

We can use or share dental health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

### Respond to lawsuits and legal actions

We can share dental health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected dental health information.
  - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
  - We must follow the duties and privacy practices described in this notice and give you a copy of it.
  - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office.

This notice is effective January 1, 2018

Privacy Contact Officer:

Joseph J. Delmonico, D.D.S.  
609-799-4422  
plainsborodentalcare@gmail.com

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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**\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\***

I, \_\_\_\_\_, have received a copy of this office's  
(PLEASE PRINT NAME) NOTICE OF PRIVACY PRACTICES.

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IF SIGNING FOR A DEPENDENT, PLEASE PRINT DEPENDENT'S NAME

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SIGNATURE

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DATE

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FOR OFFICE USE ONLY

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**We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:**

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Specify)

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