

MEL MEL DENTAL

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you may access this information. Please review it carefully.

We respect our legal obligation to keep health information that identifies you private. We are required to give you a notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

USES AND DISCLOSURES OF HEALTH INFORMATION

The most common reason we use or disclose your health information is for **treatment, payment, or healthcare operations**. For example, **treatment** may include making appointments, prescribing medications, or sharing information with other healthcare providers treating you. **Payment purposes** means sending bills, submitting insurance claims, and collection efforts in our office or through an outside agency. **Healthcare operations** include other administrative and management functions such as internal quality assurance, conducting training, personnel decisions, business planning, and outside storage of records.

We must disclose health information to you, with some exceptions, on request. We may share information about your care to a family member or friend but only to the extent necessary for your care. We will use health information to provide you with appointment notices including post cards, letters, and voicemail messages.

In some cases, the law requires us to disclose protected health information without your permission such as contagious disease reporting or other public health purposes, reports to authorities about victims of suspected abuse, neglect, or other crimes, disclosures for judicial and administrative proceedings, and disclosures to business associates who commit to follow our privacy practices.

We will not disclose your protected health information for other uses unless you sign a **written authorization**. You may refuse to sign an authorization or revoke your authorization at any time by writing to our office. Unless we have already acted with reliance upon it, we cannot make the use or disclosure.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to look at or obtain copies of your health information. You must make your request in writing. We may charge you a reasonable cost-based fee for such copies. We will have 30 days from the date we receive your written request (60 days if the records are stored off-site). You have the right to ask us to place additional restrictions on our use and disclosure of your information. We are not required to agree but if we do so, we must abide by the request. You have the right to an accounting of any disclosures of your information for reasons other than treatment, payment, or healthcare operations for the last 6 years but not prior to April 14, 2003. We may charge you for this accounting if requested more than once in a 12-month period. You may ask us to communicate with you in a confidential way such as mailing health information to a different address or by phoning you at work rather than at home. We will accommodate these requests if they are reasonable. You have the right to amend your health information if you think it is incorrect or incomplete. If we do not agree that the information is incorrect, we will include a statement of your position along with any rebuttal statement that we may write in your health record. We will send the corrected information to persons who we know received the wrong information. You may get additional copies of this Notice on request. If you feel your privacy rights have been violated, you have the right to complain to us or to the U.S. Department of Health and Human Services, Office of Civil Rights.

We must abide by the terms of this Notice of Privacy Practices. We have the right to change this Notice at any time. If we change the Notice, we will post the revision in our office and have copies available. The new privacy practices will apply to any health information we already have as well as new information we may generate in the future.

Written requests to access your records, other requests according to your rights under this Notice, reports of a complaint, or requests for additional information about our Privacy Practices may be made to the person named below.

Telephone: 845-632-6613
Address: Mel Mel Dental
1289 Route 9, Suite 8
Wappingers Falls, NY 12590