

# Notice of Privacy Practices

**This notice describes how health information about you may be used and disclosed and how you can get access to this information.**

**Please review it carefully.**

**The privacy of your health information is important to us**

## 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 took effect on 04-14-03. And will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice any time, provided applicable law permits such changes. We reserve the right to make the changes in our privacy practices and their new terms of our permits such changes. We reserve the right to make changes in our privacy practices and their new terms or our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our Privacy Practices we will change this notice and make the new notice available upon request.

## Uses and disclosures of health information

We use and disclose health information about you for treatment, payment, and healthcare operation. For example:

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

**HealthCare Operation:** 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, accreditations, certifications, 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 anytime. Your revocation will not affect any purpose. If you give us an authorization while it was in effect. Unless you give us a written authorization we cannot use or disclose your information for any reason except those describe in this Notice.

**To Your Family and Friends:** We must disclose your health information to you, as describe in the right section of this Notice. We may disclose your health information to a family member, or friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification or (including identifying or locating) family members, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are represented, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In event of your incapacity of emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health

information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interests allowing a person to pick up filled prescriptions, medical supplies, x-rays, 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.

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

**Abuse or Neglect:** We may disclose your health information to proper authorities if we reasonably believe that you are a possible victim of abuse, neglect, or 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 or safety or the health or safety of others.

## **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 to correctional institution or law enforcement official having lawful custody of protected health information inmate or patient under certain circumstances.

## **Appointment Reminders:**

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

## **Patient Rights**

**Access:** You have the right to look 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 request access by using the contact information listed at the end of this notice. We will charge you a reasonable cost-based fee for expense such as copies and staff time. You may also request access by sending us a letter to the address at the end of the Notice. If you requested copies, we will charge you \$0.50 for each page \$10 per hour for staff time to locate and copy your health information and postage if you want the copies mailed to you. If you request an alternate format we will charge a cost-based fee for providing your health information in that format. The above fees do not include the charge for copies of X-rays. A \$25 charge will be implemented at time of request. If you, prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us by 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 purpose other than treatment, payment, healthcare operations and certain other activities, 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.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about

your health information by alternative means or location. (You must make your request in writing). 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 request.

**Amendment:** You have the right to request that we amend your health information (your request must be in writing, and it must explain why the information should be amended) we may deny your request under certain circumstances.

**Electronic Notice:** If you receive this notice on our Website or by Electronic mail (e-mail), you are entitled to receive this notice in written form.

## Questions and Complaints

If you want more information about our privacy practices or have questions or concern, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information in response to a request you made to amend or restrict the use or disclosure of your health information or have us communicate with you by alternate means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint with U.S. Department of Health and Human Services upon request. We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with U.S. Department of Health and Human Services.

Telephone 718-878-4648, [www.opensmilespa.com](http://www.opensmilespa.com)  
107-53 Guy R Brewer Blvd, Jamaica, NY 11433

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, have received a copy of the office's notice of privacy practices.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our privacy practices, but acknowledgement could not be obtained because

- 360 Individual refused to sign
- 361 Communication barriers
- 362 An emergency situation prevented us for obtaining acknowledgement
- 363 Other (Please specify)