

Notice of Privacy Practices for Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this carefully.

With your consent, Dr.'s Allen F. Avrutin and Jerry L. Statman are permitted by federal privacy laws to make use and disclose your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Example of uses of your health information for treatment purposes:

We obtain treatment information about you and record it in a health record. During the course of treatment, we determine a need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain input.

Example of use of your health information for payment purposes:

We submit a request for payment to your dental insurance company. The dental insurance company requests information from us regarding dental care given. We will provide information to them about you and the care given.

Example of use of your information for health care operations:

We obtain services from our insurers for other business associates such as quality assessment, quality improvements, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, dental review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Your Health Information Rights

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted.
- Request that you be allowed to inspect and copy your health record and billing record-you may exercise this right by delivering the request in writing to our office.
- Appeal a denial of access to your protected health information except in certain circumstances
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office.
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in the future disclosures of your protected health information.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will *not* include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office; and
- Revoke authorization that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you wish to exercise any of the above rights, please contact us at 914-967-0707 or write us at:

105-107 Theodore Fremd Avenue

Rye, New York 10580

Our Responsibilities

The practice is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the term as of this Notice.
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice by visiting our office to pick up a copy or by going to our website: www.ryefamilydentistry.com.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our office.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

Other Disclosures and Uses

Notification

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition.

Communication with Family

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Food and Drug Administration (FDA)

We may disclose to the FDA your protected health information relating to adverse events with respect to product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Workman's Compensation

If you are seeking compensation through Workman's Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workman's Compensation.

Public Health

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Abuse and Neglect

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Law Enforcement

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by proper court order.

Other Uses

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization as previously provided.

**Allen F. Avrutin, D.D.S., F.A.G.D.
Jerry L. Statman, D.M.D., F.A.G.D.**

THE PATIENT (please print)

Name: _____

Address: _____

Telephone: _____

I, acknowledge that I have received a Notice of Privacy from the above named practice.

Signature: _____ Date: _____
Patient, Parent or Guardian

Relationship to Patient: _____

Good Faith Effort to Obtain Acknowledgement

Describe your good faith effort to obtain the individual's signature on this form: _____

Describe the reason why the individual would not sign this form: _____

Include this acknowledgement of receipt in the individual's records.

ACKNOWLEDGMENT OR RECEIPT OF PRIVACY PRACTICES NOTICE

**Allen F. Avrutin, D.D.S., F.A.G.D.
Jerry L. Statman, D.M.D., F.A.G.D.
105-107 Theodore Fremd Avenue
Rye, NY 10580
(914) 967-0707**

Patient Authorization to Release Confidential Information

I _____ hereby request and authorize
Patient or Guardian Name

_____ to disclose and provide copies
Practice or Dentist Name

Of any and all clinical treatment records and information concerning my care, which is in the possession of this person or entity to:

**Allen F. Avrutin, D.D.S., F.A.G.D.
Jerry L. Statman, D.M.D., F.A.G.D.
105-107 Theodore Fremd Avenue
Rye, New York 10580
Email- info@ryefamilydentistry.com**

These records include, but are not limited to: personal patient information, medical and dental histories, examination records, referral and consultation recommendations and reports, diagnostic models and other related material.

I expressly release from liability the above names person or entity from and all liability arising from compliance with this request and disclosure of the requested information.

Signed: _____ **Date** _____
Patient or Guardian