

SOMERSET HILLS ENDODONTICS, PC
10 Anderson Road, Bernardsville, NJ 07924 Tel. 908-766-3535
1392 Route 22 West, Lebanon, NJ 08833 Tel. 908-840-4590
www.somerset hillsendo.com

HIPAA 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 Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. We are required by law to:

- Maintain the privacy of your health information;
- Give you this Notice of our legal duties and privacy practices with respect to that information; and
- Abide by the terms of our Notice that is currently in effect.

Common Reasons for Our Use and Disclosure of Patient Health Information:

- **Treatment:** we will use your health information to provide you with dental treatment or services, such as root canal therapy. We may disclose health information about you to dentists, physicians, or other health care professionals involved in your care.
- **Payment:** included in this would be such activities as obtaining reimbursement for services, confirming coverage, billing or collection services, and utilization review.
- **Health Care Operations:** we may use and disclose health information about you in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.
- **Appointment Reminders:** we may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, voicemail, or email.

- **Treatment Alternatives and Health-Related Benefits and Services:** we may use and disclose your health information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to you.
- **Disclosure to Family Members and Friends:** we may disclose your health information to a family member or friend who is involved with your care or payment for your care if you do not object or, if you are not present, we believe it is in your best interest to do so.

Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request. Upon receipt of the written revocation, we will stop using or disclosing your health information for the reasons covered by the authorization going forward.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to our Privacy Officer: Dr. Irina Lekht.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.
- The right to inspect, copy and amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future. We will promptly revise the Notice when there is material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this Notice. We will provide a revised copy to you upon your request. The effective date of this Notice is 9/23/2013.

If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting our Privacy Officer listed above.

You may also file a written complaint with the US Department of Health and Human Services Office for Civil Rights.

The privacy of your information is important to us. We will not retaliate against you in any way if you choose to file a complaint.