

**Notice of Privacy Practices**  
**Today's Dentistry**  
**Chris Pateras, DDS MS**  
**7418 Oswego Road, Liverpool, NY 13090**  
**(315)451-7890**

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY  
BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THIS  
INFORMATION

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

**TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS:**

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; completing an exam, prescribing medications and submitting prescriptions; referring you to another doctor for other health care or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are; asking you about your insurance policies or other sources of payment; preparing and sending bills or claims and collecting unpaid accounts (either ourselves or through a collection agency or attorney). "Health Care Operations" means those administrative and managerial functions that we have to do in order to run our practice. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

**USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose
- For public health purposes, such as contagious disease reporting, investigation and notices to and from the FDA regarding drugs or medical devices
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence
- Uses and disclosures for health oversight activities such as licensing of doctors; for audits by Medicare or Medicaid or for investigation of possible violations of health care laws.
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies
- Disclosures for law enforcement purposes such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to repost a crime that happened elsewhere;
- Disclosure to a medical examiner to identify a deceased person or to determine cause of death; or to aid in funeral director to aid in burial; or to organizations that handle organ or tissue donations;

- Uses or disclosures for health related research;
- Uses and disclosures to prevent a serious threat to health or safety;
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or evaluation and health of members of the foreign service;
- Disclosures relating to worker's compensation programs;
- Disclosures of a "limited data set" for research, public health, or health care operations;
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures
- Disclosures to business associates who perform health care operations for us and who commit to respect the privacy of your health information.

Unless you object, we will also share relevant information about your care with your family who may be helping with your dental care.

#### APPOINTMENT REMINDERS

We may call, text or email you to remind you of scheduled appointments or that it is time to make routine appointments. We may also call, text or email to notify you of other treatments or services available at our office that may be beneficial to you and your overall health.

Unless you tell us otherwise, we may leave a reminder message on your answering machine or voicemail or with someone who answers your phone.

#### OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written Release of Records form. A written Release of Records form will be required prior to releasing any of your dental records to another dental practice. If you sign a release, you may revoke it at any time unless we have already acted on it. Revocations must be in writing.

#### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this but if we agree we must honor the restrictions you want. To ask for a restriction, please send a written request.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address or by using email to your personal email address. We will accommodate most reasonable requests.
- Ask to see your health information. BY law, there are a few limited situations in which we can refuse to permit access. For the most part, however, you will be able to review or have a copy of your health information within 30 days of your written request (or 60 days if information is stored off site). You may have to pay for photocopies or duplications prior to the release. If we deny your request, we will send you a written explanation and instruction about how to have a review of our denial if one is legally available. By law, we may have one 30 day extension of the time for us to give you access or copies if we send you a

written notice of extension. If you want to review or gain copies of your health information, send a written request.

- Ask us to amend your health information if you think it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you request it. We will send the corrected information to persons who we know received the incorrect information and others that you specify. If we do not agree, you can write a statement of your position and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information we will send it along whenever we make a permitted disclosure of your health information. By law, we may have one 30 day extension of time to consider a request for amendment if we notify you in writing. If you would like to ask us to amend your health information, please submit a request in writing.
- Get a list of disclosures that we have made of your health information in the past six years. By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law. You are entitled to one such list per year. If you would like to request a list, please submit a request in writing.
- Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you received one electronically or in paper form already. If you would like additional paper copies please ask a member of our staff.

#### OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to make changes at any time as allowed by law. IF we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice on our website.

#### COMPLAINTS

If you feel that we have not properly respected the privacy of your health information, you may file a complaint. We will not retaliate against any person who files a complaint. You may send a written complaint to our office manager or discuss your complaint in person or via phone.