

# Rahway Dental Group

Allen M. Levine, DMD, PA  
James J. Occhipinti, DMD

---

## NOTICE OF PRIVACY PRACTICES

---

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED & DISCLOSED & 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 provide this Notice of Privacy Practices to you. This Notice explains 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 takes effect 4/15/2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of 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 to our privacy practices, we will change this Notice and make a new Notice, which will be available upon request.

You may request a copy of our Notice at any time or visit our website [www.rahwaydental.com](http://www.rahwaydental.com) to obtain a copy.

---

### USES & DISCLOSURES OF HEALTH INFORMATION

---

We use and disclose health information about you for treatment, payment and healthcare operations. These include:

**Treatment:** We may use or disclose your health information to a physicians or other healthcare providers who are providing treatment to you;

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you;

**Healthcare Operations:** 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 trainings programs, accreditation certification, licensing, or credentialing activities.

**Your Authorization:** In addition to our use and disclosure 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 any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patients Rights section of this Notice. We may disclose your health information to a family member, 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 your health information to notify, or assist in the notification of (identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, 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 the event of your incapacity or emergency circumstances, we will disclose your health information based upon a determination, using our professional judgment, to disclose only the health information that is directly relevant to the persons involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest, in allowing a person to pick-up filled prescriptions, medical supplies, x-rays, or other similar health information;

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your prior consent;

**Required by Law:** We may use or disclose your health information when we are required to do so by law, public health officials, the FDA and any other health oversight agencies/committees, as required by State & Federal Laws, Statutes, State & Federal Constitutions, and Administrative Codes;

**Worker's Compensation & Disability:** If you are seeking Worker's Compensation, we may disclose your health information to the extent necessary to comply with the law relating to your Worker's Compensation application and receipt of Worker's Compensation and/or disability.

**Abuse or Neglect:** We may use or disclose your health information to the appropriate authorities, if we reasonably believe that you are the possible victim of abuse, neglect, domestic violence, or any other crime. We may disclose your health information to the extent necessary to avert any serious threat to your health or safety or for the health and safety of others. We are obligated, by law, to report any concerns or evidence(s) we obtain during the course of your treatment, for abuse.

**National Security, Law Enforcement & Corrections:** We may disclose to military authorities, the health information of Armed Forces personnel, under certain circumstances. We may disclose to federal officials, your health information required by lawful intelligence, counterintelligence,

and other national security activities. We may disclose to correctional institution (as required by law) or law enforcement officials, your protected health information, specifically, if you are an inmate or require dental treatment while in the custody of law enforcement and/or corrections officials.

**Schools:** Occasionally, school districts require forms be filled out on behalf of the school and/or school nurse pertaining to your health records. Our office will disclose, at your request, your health information to school districts/nurses requesting your health information.

**Judicial & Administrative Proceedings:** We may disclose your health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a Court Order/Subpoena.

**Appointment Reminders & Invoices:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, email messages, postcards or letters)

---

## PATIENT RIGHTS

---

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. Your health records and billing record we maintain at this office, are the physical property of the practice, however, the information contained within your health records, belongs to you. You are allowed to inspect and obtain copies of your health record contained in our office, by delivering a written request for copies to our office. We reserve the right to charge \$1.00 per page, to cover the expenses of creating a copy of your chart.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes 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.

**Restriction:** You have the right to request that we place additional restrictions on our use and disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). You must make a request for restrictions in writing. We are not required to grant the request, but will comply with any request granted.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide a satisfactory explanation of how payments will be made to this office to accommodate your request.

**Amendment:** You have the right to request that we amend your health information. Your request must be made in writing. This request 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 via electronic mail (email; you have the right to receive this Notice in written form at our office. Request a written copy of this Notice at our front desk.

---

## QUESTIONS & COMPLAINTS

---

If you want more information about our Privacy Practices or have questions or concerns, please contact:

**Debbie Kowaluk**

**Rahway Dental Group**

**692 St. Georges Avenue**

**Rahway, NJ 07065**

**(732) 388-0314 phone**

**(732) 388-3452 fax**

**[info@rahwaydental.com](mailto:info@rahwaydental.com)**

**[www.rahwaydental.com](http://www.rahwaydental.com)**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we have made about access to your health information or in response to a request made by you to amend or restrict the use or disclosure of your health information or to have us communicate with you by an alternative means or in alternative locations, you may complain to us using the contact information listed above, attention, **Debbie Kowaluk**. You may also submit a written complaint with the US Department of Health and Human Services. We will provide you with the address to file your complaint with the US 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 (and are prevented from doing so by law), if you chose to file a complaint with our office and/or with the US Department of Health and Human Services.