



## NOTICE OF PRIVACY PRACTICES

Effective Date April 14, 2003

THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOU WILL BE ASKED TO ACKNOWLEDGE THAT YOU HAVE RECEIVED OUR NOTICE OF PRIVACY PRACTICE.

We understand that information about you and your health is very personal and therefore we will strive to protect your privacy as required by law. We will only use and disclose your personal health information as allowed by applicable law.

We committed to excellence in the provision of state-of-the-art dental care services through the practice of patient care, education, and research. Therefore, as described below, your health information will be used to provide you and may be used to educate health care professionals and for research. We train our staff and workforce to be sensitive about privacy and to respect confidentiality of your personal health information.

We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice of Privacy Practices as long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practice as necessary and to make the new Notice of Privacy Practices effective for all personal health information maintained by us. You may receive a copy of any revised notice at either receptionist counters or on the internet at [www.dentexgroup.com](http://www.dentexgroup.com). A copy may be also obtained by mailing a request to: Dentex Dental Group, 10108 Bustleton Avenue, Philadelphia, PA 19116.

The terms of this Notice of Privacy apply to:

All the dentists and assistants of the Dentex Dental Group, including the Dental Care Network (DON)

All employees, staff and other Dentex Group personnel.

Any healthcare professional we authorize to enter information into your dental chart.

Any member of a volunteer group we allow to help while you are at Dentex Dental Group.

This Notice of Privacy Practices does not apply to care you receive in dentists' private office affiliated or not affiliated with Dentex.

### USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

The following categories detail the various ways in which we may use or disclose you personal health information. For each category of uses or disclosure we will give you illustrative examples. It should be noted that while not every use or disclosure will be listed, each ways we are permitted to use or disclose information would fall into one of the following categories.

**Your Authorization For:** Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. This form will describe what information will be disclosed to whom, for what purpose and when. You have the right to revoke that authorization in writing, except to the extend we have already relied upon it.

**Treatment:** We may use dental information about you to provide you with dental treatment or services. We may disclose dental information about you to the dentists, technicians, dental students, or Dentex Dental Group personnel, who are involved in taking care of you at Dentex Dental Group. For example, a dentist may need to know if you have diabetes because diabetes may slow the healing process. Different departments of Dentex Dental Group also may share dental information about you in order to coordinate the care you need, such as prescription, lab work, and x-rays. We also may disclose dental information about you to people outside Dentex Dental Group, who may be involved in your dental care after you leave this office, such as family members or others we use to provide services that are a part of your care.

**Payment:** We use and disclose dental information about you so that the treatment and services you receive at Dentex Dental Group may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your dental plan information about the treatment received at Dentex Dental Group, so your health plan will pay us or reimburse you for your treatment. We may also tell your dental plan about the treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Healthcare Operations:** We may use and disclose dental information for Dentex Dental Group operations. These uses and disclosure are necessary to run the Dentex Dental Group and make sure that all of our patients receive quality care. For example, we may use dental information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine dental information about many Dentex Dental Group patients to decide what additional services our office should offer, what services are needed and whether certain new treatment effective. We may also disclose information to dentists, technicians, dental students and other Dentex Dental Group personnel for review and learning purposes. We may also combine the dental information so others may use it to study healthcare and healthcare delivery without learning who specific patients are.

**Appointment Reminder:** We may use and disclose dental information to contact you as a reminder that you have an appointment for treatment or dental care at Dentex Dental Group. The reminder may be by mail or as a telephone message.

**Treatment Alternatives:** We may use and disclose dental information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose dental information to tell you about health related benefits or services that may be of interest to you.

**Fundraising Activities:** We may use dental information about you to contact you in an effort to raise money for Dentex Dental Group operations. We may disclose dental information to a foundation, related to our company so that the foundation may contact you in raising money for Dentex Dental Group. We may also release contact information, such as your name, address, phone number and the dates you received treatment or services at Dentex Dental Group.

**Individuals involved in Your Care or Payment for Your Care:** We will only disclose information to a patient's guardian, representative with power of attorney and

to people the patients invite to physically accompany him or her. Information will be disclosed to this patient representative in the presence of this patient. In certain emergency situations it may not be possible to have a patient present, in which case Dentex Dental Group may, in the exercise of professional judgment, determine whether the disclosure only information is in the best interest of the patient and if so, disclose only information directly relevant to the persons involvement with the patient's health care or related payment.

**Business Associate:** Certain aspects and components of our service are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for use to provide certain of your personal health information to one or more of these outside persons or organizations who assist us with payment/billing activities and health care operations. In such cases, we require these business associates to appropriately safeguard the privacy of your information.

**Other Uses and Disclosures:** We are permitted or required by law to make a certain other uses and disclosures of your personal health information without your consent or authorization. Subject to conditions specified by law.

We may release your personal health information for any purpose required by law.

We may release your personal health information for public health activities, such as required reporting of disease, injury, birth, death, and required public health investigation.

We may release your personal health information to certain governmental agencies if we suspect child abuse or neglect; we may release your personal health information to certain government agencies if we believe you to be a victim of abuse, neglect, or domestic violence.

We may release your personal health information to any entities regulated by the Food and Drug Administration if necessary to report adverse, product defects, or to participate in product recalls.

We may release your personal health information to your employer when we have provided health care to you at your request of your employer for purposes related to occupational health and safety; in most cases you will receive notice that information is disclosed to your employer.

We may release your personal information in emergency circumstances, such as to prevent a serious and imminent threat to a person or the public.

We may release your personal health information to law enforcements officials to identify or locate suspect, fugitive, witness, victims of a crime or for other allowable law enforcement purposes.

We may release your personal health information if necessary to arrange an organ tissue donation from you or a transplant for you.

We may release your personal health information if you are a member of a military for activities set out by certain military command authorities as required by armed forces services; we may also release your personal health information if necessary for national security, intelligence, or protective activities.

We may release your personal health information if necessary for purposes related to your workers' compensation benefits.

**Confidentiality of Alcohol and Drags Abuse Patients, HIV-Related information, and Mental Health Records:** The confidentiality of alcohol and drug abuse patients, HIV-related information, and mental health records maintained by us is specifically protected by the state and Federal law regulations. Generally, we may not disclose such information unless you consent in writing; disclosure is allowed by court order or in limited or regulated other circumstances.

#### RIGHTS THAT YOU HAVE

**Access to Your Personal Health Information:** Generally, you have the right to access, inspect, and copy personal information that we maintain about you. Requests for access must be made in writing or be signed by you or your representative. We will charge you for a copy of your medical records in accordance with the schedule of fees established by applicable state law. You may obtain an access request form from the receptionist.

**Amendments to Your Personal Health Information:** You have the right to request that personal health information that we maintain about you amended or corrected. We are not obligated to request amendments but will give each request careful consideration. All amendments requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of uncorrected record if we believe that such notification is necessary. Please note that even if we accept your request we may not delete any information already documented in your medical record. You may obtain an amendment request form from the receptionist.

**Accounting for Disclosure of Your Personal Health Information:** You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003 except for disclosures made for purposes of treatment, payment, health care operations, and certain Other limited exceptions. Request must be made in writing and signed by you or your representative. Accounting request forms are available from receptionist.

**Accounting for Disclosure of Your Personal Health Information:** You have the right to receive an accounting of certain disclosure made by us of your personal health information after operations or for certain other limited exceptions. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from Dentex Dental Group Billing Department First accounting in any 12-month period is free; you will be charged a fee for each subsequent accounting you request within the same 12-months period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost incurred.

**Restrictions on Use and Disclosure or Your Personal Health Information:** You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or healthcare operations. For example, you may request that we do not share your health information with a certain family member. A restriction request form can be obtained from a Dentex Dental Group Manager, who may be contacted at 215-677-3904, ext. 221. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreement of restriction if we believe such termination is appropriate. In the event we have terminated an agreement of restriction, we will notify you of such termination.

**Paper Copy of Notice:** As a patient you retain the right to obtain paper copy of this Notice of Privacy Practices, even if you have requested such copy be e-mail or other electronic means.

#### ADDITIONAL INFORMATION

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the Dentex Dental Group General Manager who may be contacted at 215-677-3904 ext. 221. You may file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

**IF YOU HAVE ANY QUESTIONS OR NEED FURTHER ASSISTANCE REGARDING THIS NOTICE OF PRIVACY PRACTICES, YOU MAY CONTACT DENTEX DENTAL GENERAL MANAGER AT (215) 677 3904 EXT 221**