

# Farrokh Bashiri, DDS INC

## Notice of Privacy Act

This notice describes how medical information about you may be used and disclosed and how you can access to this information. Please review it carefully. If you have any questions about this Notice of Practices, please contact our office.

This Notice of Privacy Practices describes how Farrokh Bashiri, DDS INC may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health or condition and related care services.

We are required to abide by the terms of this Notice of Privacy Act. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that Farrokh Bashiri, DDS INC maintains at that time. Upon your request, Farrokh Bashiri, DDS INC will provide you with any revised Notice of Privacy Practices by calling the practice and requesting that a revised copy be sent to you by E-Mail, Mail, or asking for one at the time of your next appointment.

### **1- Uses and disclosures of Protected Health Information Based upon your written Request**

You will be asked by Farrokh Bashiri, DDS INC to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and healthcare operations by signing the consent form, Farrokh Bashiri, DDS INC will use or disclose your protected health information as described in this section. Your protected health information may be used and disclosed By Farrokh Bashiri, DDS INC, the office staff and others outside of our office that are involved in your care and treatment for the purpose of providing dental care services to you. Your protected health information may also be used and disclosed to pay your dental care bills and to support the operation of Farrokh Bashiri, DDS INC.

**Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your dental care and any related services. This includes the coordination or management of your dental care with a third party that has already obtained your permission to have access to your protected health information. In addition, Farrokh Bashiri, DDS INC may disclose your protected health information to another physician or health care provider (e.g., a specialist, dentist or laboratory) who, at the request of Farrokh Bashiri, DDS INC becomes involved in your care by providing assistance with your dental care diagnosis or treatment to Farrokh Bashiri, DDS INC.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your dental care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the dental care services Farrokh Bashiri, DDS INC recommends for you.

**Healthcare Operations:** we may use or disclose, as needed your protected health information in order to support the business activities of Farrokh Bashiri, DDS INC. In addition, the office staff of Farrokh

Bashiri, DDS INC may also call you by name in the waiting room when we are ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with a third party “Business Associates” that perform various activities for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, Farrokh Bashiri, DDS INC will have a written contract that contains the terms that will protect the privacy of your protected health information.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Disease:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** Farrokh Bashiri, DDS INC may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the dental care system, government benefit programs, other government regulatory programs and civil rights law.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, Farrokh Bashiri, DDS INC may disclose your protected health information if it believes that you have been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with requirements of applicable, federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration (FDA) to report adverse events, product defects or problems, biological product violations, track products; to enable product recall; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to subpoena, discovery request of other lawful process.

**Law Enforcement:** we may also disclose protected health information, so long as applicable legal requirements are met, for the law enforcement purposes. These purposes include

\*legal processes and otherwise required by law

\*Limited information requests for identification and location purposes

\*Pertaining victim of a crime

\*Suspicion that death has occurred as a result of criminal conduct

\*In the event that a crime occurs on the premises of the practice

\*Medical emergency (Not Farrokh Bashiri, DDS INC practice's premises) and it is likely that a crime has occurred.

**Coroners:** Farrokh Bashiri, DDS INC may disclose protected health information to a coroner or medical examiner for identification purposes determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

**Criminal Activity:** Consistent with the applicable federal and state laws, Farrokh Bashiri, DDS INC may disclose your protected health information, if it believes that the use or disclosure is necessary to prevent or lessen a serious and eminent threat to the public safety of a person or the public. Farrokh Bashiri, DDS INC may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, Farrokh Bashiri, DDS INC may use or disclose protected health information of individuals who are armed forces personnel:

\*For activities deemed necessary by appropriate military command authorities

\*For the purposes of a determination by the Department of Veterans Affairs of your eligibility for benefits

\*For foreign military authority if you are a member of that foreign military service

**You have the right to request Farrokh Bashiri, DDS INC to amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as Farrokh Bashiri, DDS INC maintains this information. In certain cases, it may deny your request for an amendment. If Farrokh Bashiri, DDS INC denies your request for amendment, you have the right to file a statement of disagreement with us and it may prepare a rebuttal to your statement and it may provide you with a copy of such rebuttal. Please contact our office to determine if you have questions about amending your medical / Dental records.

**You have the right to receive an accounting of certain disclosures Farrokh Bashiri, DDS INC has made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures Farrokh Bashiri, DDS INC may have made to you, to family members or friends involved in your care (authorized by you) or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April, 14 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

**You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.**

**Complaints:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our office of your complaint. We will not retaliate against you for filing a complaint.

You may contact our office for further information about the complaint process.

**Effectiveness:** This notice was published and becomes effective April 14, 2003.