

HIPAA Privacy Rights

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 PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), all medical records and other individually identifiable health information of which we have knowledge must be kept confidential. All personal health information used by us is covered by this Act regardless of whether this personal health information is in electronic, oral or paper form. Several new rights are granted to patients under this Act, allowing control over how your personal health information is used, how you can access it and in some cases, amend it.

We are required by law to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We may be assessed a penalty for any misuse or unauthorized disclosures of your personal health information as regulated by HIPAA. This Notice of Privacy Practices is effective on April 14, 2003.

We are bound to abide by the terms of this notice and should revisions be made, you will be notified in writing, and a copy of the revised policy will be made available at your request.

You will be asked to sign a consent form authorizing us to use and disclose your personal health information only for the following purposes, as defined under the ACT:

- **TREATMENT:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- **PAYMENT:** We may use and disclose your health information in obtaining reimbursement for the provision of health care; determination of eligibility or coverage, billing; claims management, collection activities; justification of charges, and disclosure to consumer reporting agencies.
- **HEALTH CARE 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 training programs, accreditation, certification, licensing or credentialing activities.

We may, without prior consent use or disclose your personal health information to carry out treatment, payment or health care operations:

1. Directly to you at your request.
2. In an emergency treatment situation, if we attempt to obtain such consent as soon as reasonably practicable after the delivery of such treatment, if we are required by law to treat you and attempts to obtain consent are unsuccessful, or if we attempt to obtain consent but are unable, due to barriers of communication, but we determine in our professional opinion that treatment is clearly inferred from the circumstances.

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WALTER M. DZIALO, D.D.S.

Family, Cosmetic and General Dentistry

526 Newport Ave • Pawtucket, Rhode Island 02861-3612 • Telephone (401) 724-2570

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3. To notify, or assist in the notification of (including 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.
4. When we are required to do so by law.
5. To provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Under HIPAA, you have the following rights with respect to your protected health information:

- You have the right to request restrictions on certain uses and disclosures of protected health information, including restrictions placed upon disclosure to family members, close personal friends, or any other person you may identify. We are, however, not required to agree with a requested restriction.
- You have the right to receive confidential communications of your protected health information, either directly from us or from us by alternative means.
- You have the right to inspect and request copies of your protected health information.
- You have the right to amend protected health information, however, this request may be denied under certain circumstances.
- You have the right to receive an accounting of disclosures of your protected health information made by us in the six years since, but not before, April 14, 2003.
- You have the right to obtain a paper copy of this notice from us.

If you feel your privacy rights or the provisions of this notice of privacy policies has been violated, you have the right to file a formal written complaint. You may submit your written complaint directly to the United States Department of Health and Human Services. We will provide you with both addresses to file your complaint upon request.

We support your right to the privacy of your health information. **We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Human Services.**

YOU MAY REQUEST TO RESTRICT DISCLOSURE TO CERTAIN INDIVIDUALS BY SPECIFICALLY OMITTING THAT INDIVIDUAL'S (OR GROUP OF INDIVIDUALS) ACCESS TO YOUR HEALTH INFORMATION BY NOTIFYING US IN WRITING, OR UPON REQUEST, A SEPARATE FORM WILL BE MADE AVAILABLE TO YOU TO DOCUMENT SUCH A REQUEST.

RECORDS RELEASE

I authorize the office of:

Name of Dr. _____

Street Address _____

City & State _____ Zip Code _____

Telephone () _____ Fax () _____

To release current x-rays, Full Mouth Series, Pano, and any other pertinent records information to:



**DR. WALTER DZIALO
526 NEWPORT AVENUE
PAWTUCKET, RI 02861**

**FAX: 401-724-0199
PHONE: 401-724-2570**

Patient Name (PRINTED) _____ D.O.B. _____

Patient SIGNATURE _____

Date _____

Notes/Special Request:

