

**Acknowledgement of Receipt of Privacy Practices: ( H.I.P.A.A.)**

**I, \_\_\_\_\_ received a copy of Dr. Robert S. Martin D.M.D., P.A. Notice of Privacy Practices with an effective date of April, 14, 2003.**

**Name of Patient: \_\_\_\_\_.**

**Signature of Parent or Legal Guardian:**

**X: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Signature of Witness: \_\_\_\_\_**

**Date: \_\_\_\_\_**

## Notice of Privacy Practice

Robert S. Martin D.M.D., P.A.

### NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health care and records and other individually identifiable health information (protected health information) used to disclose to us in any form, whether electronically, on paper or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health records for the purposes of treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment include crowns, fillings, teeth cleaning and services.
- Payment means such as activities as obtaining reimbursement for services confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your dental plan for our services.
- Health Care Operations include the business aspects of running our practice such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of our documentation protocol, etc.

In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information to friends and family members that are directly involved with your care or who assist in taking care of you. We will use and disclose your information when we are required to do so by federal, state or local law. We may disclose your PROTECTED HEALTH INFORMATION to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court administrative order, if you are involved in a lawsuit or a similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We will release your PROTECTED HEALTH INFORMATION if requested by law enforcement official for any circumstance required by law. We may release your PROTECTED HEALTH INFORMATION to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to perform their jobs. We may release PROTECTED HEALTH INFORMATION to organizations that handle organ, eye or tissue donation and transplantation if you are an organ donor. We may use and disclose your PROTECTED HEALTH INFORMATION when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. We may also disclose your PROTECTED HEALTH INFORMATION if you are a member of the U.S. or foreign military forces (including veterans) and INFORMATION to federal officials for intelligence and national security activities authorized by the law. We may also disclose PROTECTED HEALTH

**INFORMATION** to correctional institutions or law enforcement officials if you are in an inmate or under the custody of law enforcement official. Disclosure for these purposes would be necessary; (a) for the institution to provide health care services to you, (b) for the safety and security of this institution, and /or (c) to protect the health and safety of the other individuals in the public. We may also release your **PROTECTED HEALTH INFORMATION** for worker's compensation and similar programs.

Any others use and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken action relying on your authorization.

You have certain rights in regards to your **PROTECTED HEALTH INFORMATION**, which you can exercise by presenting a written request to our Privacy Officer at the practice listed below:

- The right you request restrictions on certain uses and restrictions of **PROTECTED HEALTH INFORMATION**, including those related to disclosures to family members, however, not required to agree to a requested restriction. If we do not agree to a restriction we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communications of **PROTECTED HEALTH INFORMATION** for us by alternate means or alternate locations.
- The rights to access inspect and copy your **PROTECTED HEALTH INFORMATION**.
- The rights to request an amendment to your **PROTECTED HEALTH INFORMATION**.
- The right to receive an accounting of disclosure or **PROTECTED HEALTH INFORMATION** outside of treatment, payment and health care option.
- The right you obtain a paper copy of this notice form us upon request.

We are required by law to maintain the privacy of your **PROTECTED HEALTH INFORMATION** and to provide you with notice of our legal duties and privacy practices with respect to **PROTECTED HEALTH INFORMATION**.

We are required to abide by the terms of the Notice of Privacy Practices and to make the new notice with provisions effective for all **PROTECTED HEALTH INFORMATION** that we maintain. Revisions to our Notice of Privacy Practices will be posted in the effective date and you may request a written copy of the Revised Notice for this office.

You have the right to file a formal written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights in the event you feel your privacy rights have been violated. We will not retaliate again you for filing a complaint.

For more information about our Privacy Practices, please contact:

Compliance Official  
Shirley M Thomasson  
Robert S. Martin  
2225 G Defense Highway  
Crofton, MD 21114  
410-721-3403

For more information about HIPAA or to file a complaint:

The U.S. Department of Health and Human Recourses  
Office of Civil Rights  
200 Independence Avenue SW  
Washington DC 20201  
877-696-6775