Dr.Bailey & Ge Family Dentistry

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND**

**DISCLOSED AND HOWYOU 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 give you this Notice about 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 **April 13,2003**, 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 the 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 in our privacy practices, we will

change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for addition.

al copies of this Notice, please contact us using the information listed at the end of this Notice.

**USES AND DISCLOSURES OF HEALTH INFORMATION**

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

**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 to obtain payment for services we provide to you.

**Healthcare Operations**: We may use and disclose your health information in connection with our healthcare oper-

ations. 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.

**Your Authorization**: In addition to our use of your health information for treatment, payment or healthcare opera-

tions, you may give us written authorization to use your health information or to disclose it to anyone for any pur-

pose. lf 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 a 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 Patient

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 health information 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. lf 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 health information based on a determination using our

professional judgment disclosing only health information that is directly relevant to the person's involvement in your

healthcare. We will also use our professional judgment and our experience with common practice to make reason-

able inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or

other similar forms of health information,

**Marketing Health-Related Services**: We will not use your health information for marketing communications

without your written authorization,

**Required by Law**: We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect**: We may disclose your health information to appropriate authorities if we reasonably believe that

you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may dis-

close your health information to the extent necessary to avert a serious threat to your health or safety or the health

or safety of others.

**National Security**: We may disclose to military authorities the health information of Armed Forces personneI under

certain circumstances We may disclose to authorized federal officials health information required for lawful

intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders**: We may use or disclose your health information to provide you with appointment

reminders (such as voicemail messages, postcards, or letters).

**PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions.

You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so, (You must make a request in writinq to obtain access to your health jnformation you may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time, You may also request access by sending us a letter to the address at the end of this Notice. lf you request copies, we will charge you $0,20 for each page,$ 30.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you, lf you request an alternative format, we will charge a cost-based fee for providing your health information in that format lf you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

**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. lf 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 or 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)

**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 satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing,

and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Electronic Notice:** lf you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive

This notice in written form.

**QUESTIONS AND COMPLAINTS**

lf you want more information about our privacy practices or have questions or concerns, please contact us.

lf you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about

access to your health information or in response to a request you made to amend or restrict the use or disclosure of

your health information or to have us communicate with you by alternative means or at alternative locations, you

may complain to us using the contact information listed at the end of this Notice, You also may submit a written

complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your

complaint with the U.S. Department of Health and Human Services 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 Health and Human Services.

Contact Officers: Stephanie Baklik or Amanda Capelli .

Telephone: (203)488-1428 Fax: (203)488-4136 .

Email:[drgeofbranford@yahoo.com](mailto:drgeofbranford@yahoo.com) .

Address: 5 South Main ST. Branford, CT 06405 .

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This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002; April 30,2009).

**ACKNOWLEDGEMENT OF RECIPET OF**

**NOTICE OF PRIVACY PRACTICES**

You may refuse to sign this acknowledgment

I have received a copy of this offrce’s notice of Privacy Practices.

. Print Name

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Signature

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Date