

## **NOTICE OF PRIVACY POLICIES FOR ROSEANN GIANNELLA D.M.D. P.A.**

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

#### **Introduction**

At Dr. Giannella's Office, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

#### **Understanding Your Health Record/Information**

Each time you visit Dr. Giannella's Office, a record of your visit is made. Typically, this record contains your symptoms, examination, diagnoses, treatment and a plan for future care. This information, often referred to as your health or medical record, serves as a:

- \* Basis for planning your care or treatment
- \* Means of communication among the many health professionals who contribute to your care
- \* Legal document describing the care you received
- \* Means by which you or a third-party payer can verify that services billed were actually provided
- \* A tool in educating health professionals
- \* A source of data for medical research
- \* A source of information for public health officials charged with improving the health of this state and the nation
- \* A source of data for our planning and marketing
- \* A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

#### **Your Health Information Rights**

Although your dental record is the physical property of RoseAnn Giannella, D.M.D., P.A., the information belongs to you. You have the right to:

- \*Obtain a paper copy of this notice of information practices upon request
- \*Inspect and copy your dental record
- \*Amend your dental record
- \*Obtain an accounting of disclosures of your dental health information
- \*Request communication of your health information by alternative means or at alternative locations
- \*Request a restriction on certain uses and disclosures of your information and
- \*Revoke your authorization to Use or disclose dental information except to the extent that action has already been taken

#### **Our Responsibilities**

RoseAnn Giannella D.M.D., P.A. is required to:

- \*Maintain the privacy of your Dental information
- \*Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- \*Abide by the terms of this notice
- \*Notify you if we are unable to agree to a requested restriction, and
- \*Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected dental information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your information after we have received a written revocation of the authorization according to the procedures included in the authorization.

**For More Information or to Report a Problem**

If you have any questions and would like additional information, you may contact the practice's Privacy Officer at (973-226-7407).

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office of Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint. The address for the OCR is listed below.

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, NJ 20201

**Disclosures for Treatment, Payment and Health Operations**

We will use your health information for treatment, payment and regular health operations.

**Business associates:** We may disclose health information to our business associates so that they can perform the job we've asked them to do. We required these associates to appropriately safeguard your information.

**Notification:** We may use or disclose information to notify a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with family:** Health professionals, using their best judgment, may disclose to a family member designated person or school official relevant information relating to health care or payment. When an established minor patient becomes 18 years of age, it is our policy to continue to disclose information to the parent(s) in the previous manner, unless the patient objects in writing to this policy.

**Marketing:** We may contact you to provide appointment reminders or information about health related services. We routinely use mail, telephone, fax and email for such contacts.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to medication, supplements, product and product defects.

**Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for you health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

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**I have reviewed the above information**

**Patient(s) Name (printed)**\_\_\_\_\_

**Signature**\_\_\_\_\_

**Signature of Parent or Guardian**\_\_\_\_\_

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