

# NOTICE OF PRIVACY PRACTICES

## PATRICK J. SORIA D.D.S.

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.

Federal and state law requires us to maintain the privacy of your health information. That law also requires us 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 we described in this Notice while it is in effect. This Notice takes effect 04/14/2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such applicable law permits the changes. 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 additional copies of the Notice, please contact us using the information listed at the end of the Notice.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. Some information, such as HIV-related information, genetic information, alcohol and or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

**TREATMENT:** We may use your health information for treatment or disclose it to a dentist, physician or other health care provider providing treatment to you.

**PAYMENT:** We may use and disclose your health information to obtain payment for services we provide to you. We may also disclose your health information to another health care provider or entity that is subject to the federal Privacy Rules for its payment activities.

**HEALTH CARE OPERATIONS:** We may use and disclose your health information for our health care operations. Health care operations include quality assessment and improvement activities, conducting training programs, certification, and licensing activities.

**TO YOUR FAMILY AND FRIENDS:** We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

**APPOINTMENT REMINDERS:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters.)

**DISASTER RELIEF:** We may use or disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**PUBLIC BENEFIT:** We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit.

- As required by law
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury
- To report adult abuse, neglect, or domestic violence
- To health oversight agencies
- In response to court and administrative orders and other lawful processes
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other persons
- To coroners, medical examiners, and funeral directors
- To an organ procurement organization
- To avert a serious threat to health or safety
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities
- To correctional institutions regarding inmates
- Authorized by state workers compensation laws

### 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 writing to obtain access to your health information. You may request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you a reasonable cost-based fee that may include labor, copying costs, and postage.

**DISCLOSURE ACCOUNTING:** You have the right to receive a list of instances in which our business associates disclosed your health information over the last 6 years (but not before April 14, 2003.) If 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.

**RESTRICTIONS:** 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.) Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. Your request is not binding unless our agreement is in writing.

**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. You must specify in your request the alternative means or location, and provide satisfactory explanation how you will handle payment under the alternative means or location 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 we should amend the information. We may deny your request under certain circumstances.

### QUESTIONS AND COMPLAINTS

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

If you believe that:

- We may have violated your privacy rights
- We made a decision about access to your health information incorrectly
- Our response to a request you made to amend or restrict the use or disclosure of your health information was incorrect
- We should communicate with you by alternative means or at alternative locations

You may contact us at the end of this notice or file your complaint with the U.S. Department of Health and Human Services upon request. 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.

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I, \_\_\_\_\_ have received a copy of this office's Notice of Privacy Practices.

Print Name of Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

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

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- \* Individual refused to sign
- \* Communications barriers prohibited obtaining the acknowledgement
- \* An emergency situation prevented us from obtaining acknowledgement
- \* Other (Please Specify) \_\_\_\_\_

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