BETHANY DENTAL ASSOCIATES
MARK B. BROWN, D.M.D.
ELINOR E. BROWN, D.M.D.
CHRISTINE FOX, D.M.D.
ROBERT M. BLITZER, D.D.S.
PETER PATELLIS, D.M.D.

32895 Coastal Highway, Suite 102
Bethany Beach, DE 19930
(302) 537-1200
FAX (302) 537-7028

HIPAA NOTICE OF PRIVACY PRACTICES:
YOUR HEALTH INFORMATION PRIVACY RIGHTS

This notice describes how medical/dental information about you may be used and disclosed and how you can get access to this information.
PLEASE REVIEW CAREFULLY

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities misuse personal health information.

We may use and disclose your medical records only for each of the following purposes:

TREATMENT: Includes providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include dental services.

PAYMENT: Includes activities such as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would be sending a bill for your visit to your insurance coverage for payment.

HEALTH CARE OPERATIONS: Includes 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 of this would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits or services that may interest you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorizations in writing and we may have already taken action relying on your authorization.

You have the following rights with respect to your PHI (protected health information), which you can exercise by presenting a written request to the Privacy Officer:

The right to request restrictions on certain uses and disclosures of PHI, including those related disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of PHI from us by alternative means or alternative locations.

The right to inspect a copy of your PHI.

The right to amend your PHI.

The right to receive an accounting of disclosures of PHI.

The right to obtain and we have the obligation to provide to you a paper copy of this notice from us at your first service delivery date.

The right to provide and we are obligated to receive a written acknowledgement that you have received a copy of our NPP (Notice of Privacy Practices).

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

This notice is effective as of March 1, 2014 and we are required to abide by the terms of the NPP currently in effect. We reserve the right to change the terms of our NPP and to make the new notice provisions effective for all PHI that we maintain. We will post and you may request a written copy of a revised NPP from this office.

You have the recourse if you feel that your PHI has been violated. 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 about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact our Privacy Officer for more information regarding our Notice of Privacy Practices.

For More information about HIPAA or to file a complaint, you may contact The U.S. Department of Health and Human Services - Office of Civil Rights, 200 Independence Avenue, S.W. Washington, DC 20201. (202) 619-0257 Toll Free: 1(877) 696-6775