

Vienna Dental Arts

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NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed and how you can get access to this information. Please review carefully.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

The HIPAA Privacy Rule provides federal protections for your personal health information and gives you an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of your personal health information needed for patient care and other important purposes.

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 provide you this Notice about our privacy practices, our legal duties, and your rights concerning your health information.

We reserve the right to change our privacy practices and the terms 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.

USES & 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/dentist 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 operations. 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.

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If 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.

We may use or disclose your health information when we are required to do so by the law.

If you are or were a member of the armed forces, we may disclose to military authorities under certain circumstances. We may disclose to authorized-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.

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 disclose your health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

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

We must disclose your health information to you, as described in the Patient Rights section of this Notice.

In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional ethics and best judgments. We will disclose only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional ethics and best judgments and our experience with common practice to make reasonable 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.

We will NOT use your health information for marketing communications without your written authorization.

PATIENT RIGHTS

You have the right to look at or get copies of your health information, with limited exceptions. We required your request to be in writing. You may also request that we provide copies in a format other than photocopies, unless we cannot practicably do so. We will charge you a reasonable cost-based fee for expenses such as copies and staff time.

You have the right to request that we place additional restrictions on our use or disclosure of your health information. However, we are not required to agree to these additional restrictions. You have the right to request, in writing, that we amend your health information. We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you have questions and would like additional information, you may contact our practice's Privacy Officer using the contact information provided below. If you believe your privacy rights have been violated, you can either file a complaint with this office, or with the office for Civil Rights, U.S. Department of Health and Human Services (OCR). We will provide you with the address to file your complaint 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 INFORMATION

Privacy Officer

112 Pleasant Street #B NW
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