



LAKE PLACID™
FAMILY DENTAL
DAVID BALESTRINI, DMD

Notice of Privacy Practices

Office Contact Information:
Lori Schneider, Office Manager

Effective Date: April 14, 2003
Updated: September 20, 2013

Lake Placid Family Dental
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518.523.2406
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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.

Applicable state and federal laws require us to maintain the privacy of health information that may reveal your identity. Policies securing your identifiable health information have always been a part of this office's practice.

Federal regulations, specifically those promulgated under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), require that we give you this Notice that provides you information about our privacy practices, our legal duties, and your rights concerning your health information. This Notice will be posted in our office and you may request a copy at any time.

This office is required to follow the privacy practices described in the Notice of Privacy Practices currently in effect. We reserve the right to change our privacy practices to the extent allowable by applicable law and to make the new provisions effective for all health information we maintain. Before we make a significant change in our privacy practices, we will change this Notice, post it and make it available upon request. Patients may request a written copy of a revised Notice of Privacy Practices from this office at any time.

Please refer to our office contact information at the beginning of this notice should you have further questions, or need to communicate with us regarding your protected health information.

USES AND DISCLOSURE OF HEALTH INFORMATION

Consent: We will request from you a general written consent authorizing this office to use and disclose identifiable health information about you for treatment, payment, and healthcare operations. After receiving the signed consent we may use and disclose your health information for those purposes as they are defined below:

Treatment: We may use and disclose your identifiable health information to provide, coordinate or manage your health care and related services by one or more health care providers.

Payment: We may use or disclose your identifiable health information to obtain payment for services we provide to you, confirming coverage, billing and collection activities and utilization review.

Health Care Operations: We may use or disclose your identifiable health information in connection with the running of our practice, including quality assessment and improvement activities, auditing functions, cost management analysis, customer service, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities, defense of legal matters and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons we typically will not ask you for special written permission.

We will ask for special written permission in the following situations: anything related to HIV/AIDS status, any sale of information, any use of information for subsidized marketing or fundraising purposes.

In the event that this office has already obtained consent from you for the use and disclosure of health information, we may continue to rely on that consent for the purpose specified.

Consent Unnecessary: Our office may use and disclose your health information without your prior consent if it is "de-identified," meaning that all references are removed that could be used to trace the information to a specific individual. In addition, your prior consent is not necessary to use or disclose protected health information in the following circumstances:

Emergency Treatment: If, in our professional judgment, you are in need of emergency treatment and we cannot obtain consent prior to such treatment. We will attempt to obtain such consent, however, as soon as practical after the delivery of such service;

Required by law: If we are required by law to treat you and we attempt to obtain such consent but are unable to do so; or

Substantial Barriers: If we are unable to obtain your consent due to substantial barriers to communicating with you, and in our professional judgment we determine that your consent to treatment is inferred from the circumstances.

Other rare situations:

- when a state or federal law mandates that certain health information be reported for specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosure for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;

- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office or elsewhere;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclose for specialized government functions, such as for the protection of the President or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations; incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information

Authorization: Any use of disclosure of your health other than for treatment, payment or health care operations, and the rare, limited situations listed above, will be made only with your written authorization. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us 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 written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. For certain types of health information, New York State Law requires additional notification and specific authorization with limited exceptions. In those instances, we will follow the stricter New York State Law requirements.

Opportunity to Object: 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 we may do so. 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 other person responsible for your care, of your location, or your general condition. If 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 incapability or emergency circumstances, we will disclose health information based on a determination of using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment 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.

Marketing Health-Related Services: We will not use your health information for subsidized marketing communications without your written authorization.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, letters, or emails). We may leave a message with someone who answers your phone if you are not available.

YOUR RIGHTS

Access: You have the right to inspect and obtain a copy of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We may charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request copies we will charge you a reasonable charge for copying, not to exceed \$0.75 per page, plus postage if you want the copies mailed to you. If you prefer, we will prepare a summary of explanation of your health information for a fee. For the most part, you will be able to attain a copy of your health information within 10 days of your request.

Disclosure Accounting: You have the right to receive a list of instances in which we or a business associate disclosed your health information for purposes, other than treatment, payment, healthcare operations, authorized disclosures, incidental disclosures, disclosures required by law and certain other activities, for 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 requests. We will typically respond to your request within 60 days of receipt of the request, but by law may extend the time period by 30 days if we notify you of the extension in writing.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information for the purposes of treatment (except emergency treatment), payment or health care operations. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). To request a restriction, send a written request to our office contact person.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or locations. Your request must be made in writing and 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 if you believe it to be incorrect or incomplete. If we agree, we will amend the information within 60 days of your request. We will forward the information to the correct parties. If we do not agree, you may write a statement of your position, and we will include it with your health information along with any rebuttal that we may write. Once your statements of position and/or rebuttal are included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can only have one 30 day extension of time to consider a request for amendment, if we notify you of the extension. If you wish to ask us to amend your health information, send a written request, including your reason for the amendment, to the office contact person.

Notice of Privacy Practice: You may receive additional copies of our Notice of Privacy Practice upon request. Send a written request to our office contact person.

Notification of a Breach: You will be notified by us in a timely manner of any breach of the privacy and confidentiality of your unsecured private health information, which we will provide to you in accordance with law and take all appropriate measures to address.

QUESTIONS AND COMPLAINTS

If you feel that your privacy protections have been violated, you have the right to file a formal written complaint with us at the address listed below, or with 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.

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