

Bucktown Dental Associates

2002 N Damen Ave
Chicago, IL 60647

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

If you have any questions about this notice, please contact our practice Privacy Officer Dr. Yasser Elseweifi.

EFFECTIVE DATE:

The effective date of this notice is July 29, 2009 and was amended on September 13th, 2013

OUR OBLIGATIONS:

Bucktown Dental Associates is required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes how we may use and disclose health information that identifies you ("Health Information").

For Treatment: We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, paramedics, emergency doctors, dental laboratories, technicians, or other personnel, including people outside our office, who are involved in your care.

For Payment: We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party (such as CareCredit) for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations: We may use and disclose Health Information for health care operations purposes. We may also disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. These uses and disclosures are

necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use another company to perform billing services, appointment reminders, electronic records, data backup, and other services necessary to operate health operations. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. We may also call you by name in the waiting room when the dentist is ready to see you.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you. We may use an outside service for appointment reminders and to communicate information to you. We may leave message in your personal voice mail, send you emails, and text messages for appointment reminders unless you request otherwise as explained under your rights.

USES AND DISCLOSURES THAT DO NOT REQUIRE US TO OBTAIN YOUR AUTHORIZATION

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight (audits, investigations, inspections, and licensure), abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, Data Breach Notification Purposes, criminal activity, military activity and national security, workers' compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief: We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you

with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy: You have a right to inspect and copy Health Information (whether in paper or electronic format) that may be used to make decisions about your care or payment for your care. You have the right to request that a copy of your record be given to you or transmitted to another individual or entity. To inspect and copy this Health Information, you must make your request, in writing, to Dr. Elseweifi. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend: If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Dr. Yasser Elseweifi.

Right to Request Restrictions: You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for

notification purposes as described in this Notice of Privacy Practices. To request a restriction, you must make your request, in writing, to Dr. Yasser Elseweifi. We are not required to agree to your requested restriction except if you request that we do not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Dr. Yasser Elseweifi. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.bucktowndentalassociates.com.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office and on our website. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Dr. Yasser Elseweifi. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

PRIVACY OFFICER:

Dr. Yasser Elseweifi

Phone: 773-276-2757

2002 N Damen Ave, Chicago, IL 60647.

Secure email: dr@bucktowndental.com

Secure fax: 888-972-9146

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Bucktown Dental Notice of Privacy Practices.

Patient name: _____ **DOB:** _____

Name of Person Signing This Form: _____

Signature: _____

Date: _____