



Notice of Privacy Practices

This notice describes how health information about you may be used, disclosed and how you can access this information. Please review it carefully and sign the acknowledgment form.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your health information. We are also required 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 that are described in this notice while it is in effect. This notice enters effect January 1, 2012.

We reserve the right to change our policy practices and terms of the notice at any time; provide 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 the health information that we create or received before we need 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 this notice please contact us using the information listed at the end of the notice.

Use & 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 or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for service we provide you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care and professionals, evaluating practitioner and provider performance, conducting training programs, acceleration certification, licensing our credential activities.

Your authorization: We may disclose your health information to a family member, however, a written authorization is required for the disclosure of your health information to family members or proxy. You may revoke this authorization in writing at any time.

Persons Involved in Care: We may use and disclose your health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition or death. In the event of your incapacity or emergency circumstances we will disclose healthcare information that is directly relevant to the persons involved in your health. We will also use our professional judgment and our experience with common practice to make reasonable inferences of the best interest in allowing the person to pick up prescriptions, medical supplies, x-rays, or similar forms of health information.

Marketing Health Related Service: We will not use your health information for marketing communications without your permission.

Required By Law: We may use or disclose your health information when we are required to do so by state law.

Abuse or Neglect: We may disclose health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or the possible victim of other crimes. We may disclose your health information to any extent necessary to avert a serious threat to your health and the health of our set safety of others.

National Security: We disclose to military personnel the health information of armed service personnel under certain circumstances. We may disclose your health information to authorized federal officials for lawful intelligence, counterintelligence and other national security activities. We may disclose your health information to national authorities or law enforcement officials requiring lawful custody of protection health information.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminder such as voicemails, text messages, postcard and letters.

Patient Rights

Access: You have the right to look at or obtain copies of your health information and x-rays with limited exceptions. You may request that we provide you with copies. You may request in writing to obtain access to your health information or x-rays. You may also request copies of your health information and x-rays to be emailed, posted, or conveyed in person at the office where your records were taken. You may obtain a form to request access to receive copies of your records including your health history information transactions. If you wish to have any records sent to another dental office we do request that you submit a written request form for release of records including transactions, health information and x-rays. We do not charge for transfer of records or copies of records. You have the right to receive electronic copies of your health information and to restrict disclosures to a health benefits plan concerning treatment for which you have paid out of pocket in full.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purpose other than treatment payment, healthcare, operations and certain other activities for the last seven years, but not before January 1, 2005.

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 that any emergency).

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 a written request. Your request must specify all the alternative means of locations and provide satisfactory explanation as to how payments will be handed under the alternative means or location you requested.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this notice on our website or by electronic mail you are entitled to receive this notice in a written form.

Contact Information

Nishan Halim, DMD, PLLC is located at 27 Sixth Street NE Washington, DC 20002. We can be reached by phone 202-543-2020, by fax 866-230-0913, by email info@nishanhalimdmd.com or on our website www.nishanhalimdmd.com.

Alicia Halim is designated as the practice's Security and Privacy Officer. She can be reached at (202) 543 2020 ext. 102. Her role is to oversee and coordinate activities associated with establishing and maintaining HIPAA compliance within the office. Compliance with our Privacy Policy is mandatory for all employees of Nishan Halim DMD. If you feel your protected health information has been misused or a failure to comply with the aforementioned policy has occurred please contact Mrs. Halim directly with your concerns.

Please sign below to acknowledge your receipt and understanding the Privacy Practices mentioned in this notification:

Patient signature

Date

If at any time, you wish to revoke this authorization please submit revocations in writing, attention: Alicia Halim. Revocations are effective upon receipt by Nishan Halim DMD. Revocations are not effective with respect to actions Nishan Halim DMD took in reliance on this valid Authorization.

Date of Revocation: _____