

**RICHARD HABER DDS INC**  
**1260 15<sup>th</sup> ST #701**  
**Santa Monica Ca 90404**

## **NOTICE OF PATIENT PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions or comments about this Notice please contact:

Our receptionist or Dr Richard Haber : (310) 393-7766

Who Does this Notice Apply to?

This Notice has been published by RICHARD HABER DDS. It applies to everyone who works for RICHARD HABER DDS INC, including our employees, contractors, and volunteers.

Why Do We Publish this Notice?

As dental professionals, we understand that information about you and your health is sensitive and personal. We are also required by law to maintain the privacy of information we gather and use about our patients, and provide them with notices of our legal duties and privacy practices with respect to their information

While we are committed to the privacy of our patients' information, however, in order to serve them we need to gather, keep and use records of this information. We sometimes also need to share information with other parties. This Notice is intended to let you know how we use and disclose your information.

This Notice is also to let you know about certain legal rights you have with respect to the information we hold about you. You have certain rights to review and copy our records of information about you. You may also request that we amend these records, and may ask us to account for certain disclosures we may have made of information about you.

When Is This Notice Effective?

We are required to comply with the terms of this Notice while it is in effect. We reserve the right to change the terms of this Notice, and make the new terms effective for all information to which this Notice applies. This Notice will be in effect from 01-01-2003 , until the date we publish an amended Notice. If we do publish an amended Notice, we will notify you by sending a copy to you at your last address shown in our records. We will also publish the amended Notice in our offices, and may publish it on our web site if we maintain one.

What Information Does this Notice Cover?

This Notice covers all information in our written or electronic records which concerns you, your Health or Dental care, and payment for your health or dental care. It also covers information we

may have shared with other organizations to help us provide your care, get paid for providing care, or manage some of our administrative operations.

### Why Do We Ask You to Sign a Consent Form?

We can only use or disclose information about you in very limited ways without your consent. However, we cannot provide treatment, and cannot conduct payment and certain necessary Health or dental care operations activities without using or in some cases disclosing your information. Since these are essential activities for us, we need you to give your written consent for these purposes. Because this is such important information, if you refuse to consent we may not be able to provide you care.

### When Can We Use or Disclose Information About You?

Except for certain disclosures for legal purposes described below, we can only use or disclose information about you with your written authorization or consent.

*With your written consent*, we can use or disclose your information for the following purposes:

Treatment. We may use or disclose information about you for treatment purposes to doctors, nurses, technicians or other individuals who work in our practice who are involved in providing you with health or dental care. We may also disclose information about you to organizations and individuals involved in your care who are outside of our practice, such as dental specialists, consulting physicians, laboratories, social workers, and so on.

For example, if we refer you to another dentist or physician for specialty services, we will provide that dentist or physician with all clinical information which might be necessary or helpful to help them provide you with the right care.

These are only examples, and we may use or disclose information about you to provide you proper treatment in many other ways.

Payment. We may use or disclose information about you for payment purposes to our clerks and officers involved in billing and claims payment. We may also disclose such information to your health or dental plan or other party financially responsible for your care, or to claims and billing services if necessary.

For example, if you are covered by a health or dental plan we cannot get paid for the services we provide you unless we submit information in a claim. This might include detailed clinical information, depending on the kind of plan and claim. This is only an example, and there may be many other ways in which we may use or disclose information about you in connection with payment for your care.

Health care operations. We may use or disclose information about you for operational in connection with our practice. These activities might include practice quality improvement,

insurance underwriting, medical or legal review, and business planning or administration of our practice.

For example, we may wish to review the quality of care you receive, in order to help us deliver the best care we can. Or, we may audit our management practices so we can become more efficient. These are only examples, and we may use or disclose information about you for health care operations in many other ways.

*Without your consent or authorization*, we may disclose information about you only for the following purposes:

- To a public health agency, for purposes such as controlling disease.
- In case of suspected child abuse, to the appropriate governmental authority.
- In other cases of suspected abuse, neglect or domestic violence, to the appropriate governmental authority, with your agreement or if required by law, or if you are incapacitated or it appears necessary to prevent serious harm to you or others.
- To health oversight authorities, for regulatory, licensing and other legal purposes.
- In litigation, subject to certain requirements controlling the terms of the disclosure.
- To law enforcement agencies, subject to applicable legal requirements and limitations.
- For medical research purposes, subject to your authorization or approval by an institutional review board.
- If you are in the United States military, national security or intelligence, or foreign service, to your authorized superiors or other authorized federal officials.

We may send you information to support your health or dental care, including appointment reminders, information about alternative treatments, and health-related services which may be of interest to you. *Please advise us if you do not wish to receive such communications*, and we will not use or disclose your information for such purposes. If you wish not to receive this kind of communication, you must advise us in writing at our Contact address given above.

We may not use or disclose information about you for any other purpose without your written authorization, provided separately from your written consent.

### What Legal Rights Do You In Connection With Your Information?

By law, you are entitled to:

- Ask us to further restrict our use and disclosure of information about you. We are not required to grant such a request, but if we do we must make sure the restrictions are implemented.

- Receive confidential communications from us, at an alternative address you provide to us.
- Review our records of your information.
- Obtain a copy of all or any part of our records of your information. We may charge you a reasonable copying charge, of \_\_\_ per page.
- Ask us to amend your records, if you believe that they are incorrect or incomplete. We are not required to make such an amendment. If you request an amendment and we determine we will not make it, you are entitled to have a statement of your disagreement included in your records. If you do include a statement of disagreement in your records, we may include a statement of explanation or response in your records as well.
- Obtain an accounting of all persons to which we have disclosed information about you, for any purpose except your treatment, payment for your treatment, or our health or dental care operations.
- If you have provided us with an authorization for any purpose, you may revoke it at any time. You may revoke an authorization by giving us written notice at our Contact address given above. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures which occur before that time.
- You may revoke your consent to uses and disclosures for treatment, payment and health or dental care operations purposes at any time. You may revoke your consent by giving us written notice at our Contact address number given above. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures which occur before that time. If you revoke your consent, we may elect to discontinue your health or dental care treatment.
- If you believe we have violated your privacy rights, you may forward us a written complaint to our Contact address given above. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. If you do file a complaint we are legally prohibited from retaliating against you.

**CONSENT TO USE**  
**AND/OR**  
**DISCLOSURE OF PATIENT INFORMATION**

As a patient of **RICHARD HABER DDS INC, 1260 15<sup>th</sup> St #701, Santa Monica Ca 90404, Tel: (310) 393-7766** you have the right to know how we may use and disclose information about you. Information about this is provided in our Notice of Patient Privacy Practices.

You have the legal right to review our Notice of Patient Privacy Practices before signing this form. A copy of this Notice was made available to you along with this Consent. If you do not have a copy of the Notice you can request one from us at the address and phone number given below.

We may change our Notice of Privacy Practices from time to time. If we do change it, we will make a copy of the revised Notice available to you the next time you come in for an appointment. You may obtain a copy of our current Notice upon request to our address and phone number given above.

You should read our Notice carefully before signing this form. As our Notice of Privacy Practices explains, we need your consent to use or disclose information about you so that we can provide you with health or dental treatment; arrange payment for your care; and conduct certain kinds of administrative health or dental care operations. By signing this Consent below, you agree that we may use or disclose information about you for these purposes.

You have a legal right to request us not to use or disclose information about you for some kinds of treatment, payment or dental care operations purposes. We are not legally required to grant this kind of request. We are only bound by a request for additional restrictions if we agree to them in writing. Please contact us at the address and phone number given above if you want more information or to request additional restrictions.

You have the right to revoke this Consent at any time, but must do so in writing. A revocation of this Consent will not apply to any use or disclosure of information which happened before we received your written revocation. Please contact us at the address and phone number above if you want more information, or to revoke this Consent.

By signing below you agree that we may use information about you for purposes of providing treatment, arranging payment, and health and dental care operations.

Name of Patient: \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_