

Dr. John Toumanios

NOTICE OF PRIVACY PRACTICES

REGARDING DENTAL INFORMATION

The privacy of your dental information is important to us. We understand that your medical information is personal. We are committed to protecting it. We create a record of the treatment and services you receive in our dental offices. Our records are needed to provide you with quality care and comply with certain legal requirements.

OUR LEGAL DUTY

The law requires us to:

1. Keep your dental information private.
2. Give you notice describing our legal duties, privacy practices and your rights regarding this information.
3. Follow these terms.

We have the right to:

1. Change our privacy practices and the terms of this notice at any time provided that law permits the changes.
2. These changes are effected for all dental information.

Notice of change to privacy practices:

1. Before we implement this change, we will make a new notice available.

USE AND DISCLOSURE OF YOUR DENTAL INFORMATION

Not every use or disclosure will be listed. However, we have listed most of the different ways we are permitted to use and disclose dental/medical information.

For Treatment:

We will use your medical information to assist us in your dental treatment. We may disclose both dental & medical information to doctors, nurses, labs and others who are taking care of you. We may also share information with other health care providers to assist them in treating you.

Examples would be antibiotic requirements, allergies, contraindications to medications and other precautions.

For Payments:

We may use and disclose your dental information for payment purposes. A bill may be sent to yourself or a third party payer. The information may be included in the bill.

Examples are ADA Dental claim forms sent to an insurance carrier either by mail or electronically for treatment reimbursement for which you are entitled. This may be both treatment rendered or proposed.

For Health Care

ADDITIONAL USES AND DISCLOSURES: *Court Orders, Judicial and Administrative Proceedings:*

We may disclose all information in response to a court or administrative order, subpoena, discovery request or other lawful process. Under limited circumstances, we may share your dental information with law enforcement officials. This may be as a suspect, fugitive, material witness, crime victim or missing person.

Public Health Activities:

As required by law, we may disclose your information to public health officials, Food and Drug Administration or legal authorities charged with preventing or controlling disease or injury.

Victims of Abuse, Neglect or Violence:

We may disclose information to the 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.

Workers Compensation or similar programs

Health Oversight Activities

Activities authorized by law: audits, civil, administrative or criminal investigations.

Appointment Reminders:

Including postcards and phone calls.

Notifications:

We may disclose information to others pending your consent only, such as family members.

YOUR INDIVIDUAL RIGHTS

- Look or receive copies of certain parts of your record. There will be a charge for copying.
- Receive a list of the times we shared your dental information for the purpose other than treatment, payment and healthcare operations.
- Request additional restrictions on our use or disclosure of your information. Though we are not required to agree, we will inform you of conflicts.
- Request in writing that we communicate with you by a different means or location.
- Object in writing, with an explanation, why parts of your records should be changed. If we deny the change, your request with explanation can be added to your record upon request.

**YOU MAY OBTAIN A COPY OF
THIS NOTICE UPON REQUEST.
FEEL FREE TO ASK ANY QUESTIONS
CONCERNING THIS DOCUMENT.**