



# Aesthetic Dentistry, P.C.

Vahid Varasteh, D.M.D.  
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## **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. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.*

## **OUR LEGAL DUTY**

We are required by applicable federal and state law 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 takes effect 08/01/2008, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time, provided 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 health information we created or received before we made the changes. Before we make a significant change in our privacy practice, 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 this notice.

## **USES AND 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 or disclose your health information electronically or by mail to obtain payment from health plans and insurers for the care that we provide to you.

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

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

**Persons Involved In Care:** 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 another person responsible for your care, of your location, your general condition, or death. 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 incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant person's involvement in your healthcare. 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.

## **(USES AND DISCLOSURES OF HEALTH INFORMATION CONTINUED)**

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

**Required by Law:** We may use or disclose your health information if, by law, we are required to do so.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as phone calls, voicemail messages, text, email, postcards, or letters).

**Electronic Transfers:** We may use or disclose your health information electronically if in relations to obtain payment, referrals for another health care provider or unless otherwise stated with your permission.



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## Dental Office Policy – Your HIPAA Practices – Notice of Privacy Practices – Our Legal Duty – Uses and Disclosures of Health Information

I, \_\_\_\_\_ have read and agree to the above HIPAA Privacy Policy. (Print name)

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

I have received a copy of Aesthetic Dentistry's Office Policy and HIPAA Practices

### Personal Health Information Release Form (HIPAA Release Form)

[ ] I authorize the release of any and all information including the diagnosis, financial and dental records; examination rendered to me and claims information. This information may be released to:

[ ] Spouse \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone \_\_\_\_\_

[ ] Child(ren) \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone \_\_\_\_\_

[ ] Other \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone \_\_\_\_\_

[ ] Information is **not** to be released to anyone.

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

**This Release of Information will remain in effect until terminated by me in writing.**