

Gentle Dental of Branchburg
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Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

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Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We do not create or share psychotherapy records in this office. If we need to disclose addictive substance information history with a specialist, we will ask for your written permission.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Instruction F: Insert Effective Date of Notice here.

This Notice of Privacy Practices applies to the following organizations.

*Gentle Dental of Branchburg
Darren G. Brenner DMD, LLC*

*Privacy official for this entity: Dr. Darren Brenner
contact info: 908-203-1998
drb@darrenbrenner.com*

HIPAA Privacy Policy Addendum

Substance Use Disorder (SUD) Records – 42 CFR Part 2 Compliance

1. Purpose and Scope

This Addendum supplements the Organization's HIPAA Privacy Policy and establishes additional requirements governing the use and disclosure of records relating to the diagnosis, treatment, or referral for treatment of Substance Use Disorders (SUD). These records are subject to the federal confidentiality protections set forth in **42 CFR Part 2**, which are more stringent than HIPAA and therefore control where applicable.

This Addendum applies to all workforce members, contractors, volunteers, and business associates who create, receive, maintain, access, or disclose Part 2-protected records.

2. Definition of Part 2-Protected Records

For purposes of this Addendum, **Part 2-protected records** include any information, whether recorded or not, that would identify an individual as having or having had a substance use disorder, and that is created or received by a Part 2 program or other lawful holder subject to 42 CFR Part 2.

This includes, but is not limited to:

- Diagnosis, treatment, or referral records for SUD
 - Billing or administrative data that would identify an individual as receiving SUD services
 - Communications that reasonably identify an individual as a Part 2 patient
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3. Relationship to HIPAA

Where both HIPAA and 42 CFR Part 2 apply, the Organization shall comply with the **more restrictive standard**. Compliance with HIPAA alone does not constitute compliance with 42 CFR Part 2.

4. Use and Disclosure of SUD Records

4.1 General Rule

Part 2-protected records **may not be used or disclosed** unless:

- The patient provides a **valid written consent** meeting the requirements of 42 CFR Part 2; or
- The disclosure is expressly permitted by 42 CFR Part 2 without patient consent (e.g., medical emergency, research, audit and evaluation, or court order).

Disclosures permitted under HIPAA for treatment, payment, or healthcare operations **are not permitted** for Part 2 records without patient consent, unless specifically authorized by Part 2.

4.2 Minimum Necessary

All uses and disclosures of Part 2-protected records shall be limited to the **minimum necessary** to accomplish the stated purpose, even when patient consent has been obtained.

5. Patient Consent Requirements

5.1 Consent Elements

A valid Part 2 consent must include, at a minimum:

- The patient's name
- The specific name(s) of the individual(s) or organization(s) permitted to disclose the information
- The specific recipient(s) of the information
- The purpose of the disclosure
- A description of the information to be disclosed
- A statement regarding the patient's right to revoke consent
- An expiration date, event, or condition
- The patient's signature and date

5.2 Right to Revoke Consent

Patients have the **right to revoke consent at any time**, verbally or in writing, except to the extent that the Organization has already acted in reliance on the consent.

Upon revocation:

- No further uses or disclosures shall be made under the revoked consent
- The revocation shall be documented in the patient's record
- Workforce members shall be promptly notified, as applicable

6. Prohibition on Redisclosure

All disclosures of Part 2–protected records must be accompanied by the following notice, or substantially similar language:

“This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). Federal law prohibits you from making any further disclosure of this information unless expressly permitted by the written consent of the individual to whom it pertains or as otherwise permitted by 42 CFR Part 2.”

Recipients of Part 2–protected information are prohibited from redisclosing such information unless permitted by Part 2.

7. Limitations on Disclosure

The Organization shall not disclose Part 2–protected records for the following purposes without a valid court order or other Part 2–specific authorization:

- Criminal, civil, or administrative investigations or proceedings against the patient
- Law enforcement purposes
- Employment, housing, or educational determinations

Disclosures in response to subpoenas, warrants, or other legal demands shall be reviewed by legal counsel to ensure compliance with 42 CFR Part 2 prior to any release.

8. Medical Emergencies

Part 2–protected records may be disclosed without patient consent to medical personnel **only in the event of a bona fide medical emergency** where patient consent cannot be obtained. Such disclosures must:

- Be limited to information necessary to treat the emergency
 - Be documented in the patient’s record, including the nature of the emergency and the recipient of the information
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9. Safeguards and Access Controls

The Organization shall implement administrative, technical, and physical safeguards to:

- Segregate or label Part 2–protected records where feasible
- Limit access to authorized personnel with a legitimate need to know
- Prevent unauthorized use, disclosure, or redisclosure

10. Patient Rights

In addition to rights afforded under HIPAA, patients have the right to:

- Receive a clear explanation of Part 2 protections
- Control the use and disclosure of their SUD records through informed consent
- Revoke consent as described in this Addendum
- File a complaint without retaliation for alleged violations of Part 2

11. Training and Enforcement

All workforce members with access to SUD records shall receive training on 42 CFR Part 2 requirements. Violations of this Addendum may result in disciplinary action, up to and including termination, and may subject the Organization and individuals to civil and criminal penalties under federal law.