

LUDLOW FAMILY DENTISTRY
NOTICE OF PRIVACY PRACTICES
EFFECTIVE: APRIL 14, 2003

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE DISCLOSED, USED, AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR RESPONSIBILITIES:

BY LAW WE, LUDLOW FAMILY DENTISTRY, ARE REQUIRED TO MAINTAIN THE PRIVACY OF YOUR HEALTH INFORMATION. WE ARE ALSO REQUIRED TO GIVE YOU THIS NOTICE ABOUT OUR LEGAL DUTIES, PRIVACY PRACTICES, AND YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION. YOU MAY REQUEST COPIES OF THIS NOTICE AT ANY TIME. WE RESERVE THE RIGHT TO CHANGE OUR PRIVACY PRACTICES AND MAKE ANY PROVISIONS TO THE NOTICE AS NEEDED. WE WILL MAKE ANY NEW NOTICE AVAILABLE UPON REQUEST.

YOUR RIGHTS/YOU HAVE THE RIGHT TO:

AUTHORIZE THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION.

REQUEST RESTRICTIONS ON HOW WE USE OR DISCLOSE YOUR MEDICAL INFORMATION. (WE ARE NOT REQUIRED TO AGREE TO ANY OF THESE RESTRICTIONS)

REQUEST THAT YOUR MEDICAL INFORMATION BE AMENDED. (WE MAY UNDER CERTAIN CIRCUMSTANCES DENY THIS REQUEST)

RECEIVE CONFIDENTIAL COMMUNICATION AT AN ALTERNATIVE PHONE OR ADDRESS.

INSPECT AND RECEIVE COPIES OF YOUR PROTECTED MEDICAL INFORMATION. (A COST-BASED FEE WILL BE CHARGED FOR ALL EXPENSES SUCH AS COPIES AND STAFF TIME)

RECEIVE AN ACCOUNTING OF DISCLOSURES IN WHICH WE OR OUR BUSINESS ASSOCIATES DID NOT USE YOUR MEDICAL INFORMATION FOR PURPOSES OTHER THAN TREATMENT, PAYMENT, OR HEALTH CARE OPERATION.

ALL OF YOUR RIGHTS MUST BE REQUESTED IN WRITTEN FORMAT.

USES AND DISCLOSURES:

EXAMPLES OF HOW YOUR MEDICAL INFORMATION MAY BE USED FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

TREATMENT:

WE KEEP A RECORD OF YOU AND YOUR APPOINTMENTS THAT INCLUDE YOUR TREATMENTS, DIAGNOSIS, MEDICATIONS, TEST RESULTS, SURGERIES, THERAPIES, PROGRESS AND RESPONSE TO CARE. THIS ALLOWS OUR DOCTORS, HYGIENISTS AND CLINICAL STAFF TO PROVIDE THE CARE YOU NEED.

PAYMENT:

WE KEEP A RECORD OF THE SERVICES AND SUPPLIES THAT WE DELIVER TO YOU FOR TREATMENT SO THAT WE MAY BILL AND BE PAID BY YOU AND/OR YOUR INSURANCE COMPANY.

HEALTH CARE OPERATIONS:

WE USE HEALTH INFORMATION TO EVALUATE, TRAIN OUR STAFF AND IMPROVE THE QUALITY AND CARE THAT WE PROVIDE.

PERSONS INVOLVED IN CARE:

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION, BASED ON WHAT IS RELEVANT, TO PERSONS INVOLVED IN YOUR HEALTH CARE. THESE PERSONS MAY INCLUDE A FAMILY MEMBER, PERSONAL REPRESENTATIVE OR A PERSON RESPONSIBLE FOR YOUR CARE.

ABUSE OR NEGLECT:

WE MAY DISCLOSE YOUR HEALTH INFORMATION TO APPROPRIATE AUTHORITIES IF WE REASONABLY BELIEVE THAT YOU ARE THE VICTIM OF DOMESTIC VIOLENCE, ABUSE OR NEGLECT. YOUR HEALTH INFORMATION MAY BE USED TO AVERT A SERIOUS THREAT TO YOUR HEALTH OR THE HEALTH AND SAFETY OF OTHERS.

APPOINTMENT REMINDERS:

WE MAY DISCLOSE HEALTH INFORMATION WHEN PROVIDING YOU WITH APPOINTMENT REMINDERS, SUCH AS, POSTCARDS, LETTERS AND RECORDED MESSAGES.

YOUR HEALTH INFORMATION MAY BE SHARED AMONG LUDLOW FAMILY DENTISTRY AND BUSINESS ASSOCIATES TO FACILITATE TREATMENT AND/OR PAYMENT. BUSINESS ASSOCIATES MUST FOLLOW OUR REQUIREMENTS TO PROTECT YOUR PRIVACY. LUDLOW FAMILY DENTISTRY AND ITS EMPLOYEES RECOGNIZE THE IMPORTANCE OF EACH INDIVIDUALS RIGHT TO PRIVACY.

FOR MORE INFORMATION:

IF YOU NEED CLARIFICATION OR MORE INFORMATION ON ANY PORTION OF THIS NOTICE, IF YOU WOULD LIKE TO EXERCISE YOUR RIGHTS, OR IF YOU FEEL YOUR RIGHTS HAVE BEEN VIOLATED, YOU MAY CONTACT THE PRIVACY OFFICER AT (413) 583-6574 OR WRITE TO THE FOLLOWING ADDRESS:

LUDLOW FAMILY DENTISTRY
ATTN: PRIVACY OFFICER
257 KENDALL STREET
LUDLOW, MA 01056

ALL COMPLAINTS WILL BE THOROUGHLY INVESTIGATED AND YOU WILL NOT SUFFER RETALIATION FOR FILING A COMPLAINT. YOU MAY ALSO FILE A COMPLAINT WITH THE SECRETARY OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES.