

Little Jaws Big Smiles

NOTICE OF PRIVACY PRACTICES

NOTE: The following describes how health and identification information about your child and you may be used and disclosed and how you can get access to this information. PLEASE REVIEW THIS CAREFULLY. If the patient is over 18 years of age and will be signing this form for themselves, please substitute the words "you" and "your" for "your child" and "your child's" anywhere in this Notice. It should also be noted that, while privacy primarily refers to your child's privacy, we also are serious about protecting any information of the parents and/or guardians to which we may be privy.

OUR LEGAL OBLIGATION

Federal and state law requires us to maintain the privacy of your child's health information. We are also required to give you this Notice about our privacy policies and procedures, our legal duties, and your rights concerning your child's health information. We are obliged to follow the privacy practices that are discussed in this Notice.

We reserve the right to change our privacy practices and the terms of this Notice at any time, subject to applicable laws, even in regards to health information we created or received before the changes were made. Should we make a significant change to our privacy practices, we will change this Notice.

You have the right to request a copy of our updated Notice at any time. Please contact us via the information listed in this Notice if you would like more information about our privacy practices, or for additional copies of this Notice.

USE AND DISCLOSURES OF HEALTH INFORMATION

TREATMENT: We may use or disclose your child's health information for pertinent discussions with a physician or other healthcare provider (general dentist, dental specialist, etc) who is, was, or will potentially be providing treatment to your child.

PAYMENT: We may use and disclose your/your child's information for insurance or billing purposes and to obtain payment for services we provide to you.

HEALTHCARE OPERATION: We may use and disclose your child's health information in connection with our healthcare operations. This includes improvement activities, evaluating practitioner performance, training programs, licensing or credentialing, and other such activities. Information may also be used or disclosed to respond to lawsuit or legal action.

SPECIFIED AUTHORIZATIONS: In addition to our use of your child's health information for the above reasons, you may also give us written authorization to use your child's health information or to disclose it to anyone for any other purpose. If you give us such authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

TO FAMILY AND FRIENDS: We may disclose your child's health information to any parent or legal guardian, but also to any other family member, friend, or other person as long as we have the written authorization of a parent or legal guardian. If there are any other family, caretakers or other individuals you'd like us to share this information with, please list these individuals on the denoted line on the signature page

CARETAKERS: We may use or disclose health information to notify a family member or other agent of caretaking of your child's location or your child's general condition. If you are present, then prior to use or disclosure, we will provide you with an opportunity to object to such use or disclosure. In the event that

you are not present or incapacitated, we will disclose health information using our professional judgment to disclose information that is directly relevant to the person's involvement in your child's healthcare. We will also use our best judgment to make reasonable inferences of your best interest in allowing a caretaker to pick up prescriptions, medical supplies, x-rays, or other similar forms of health information.

ABUSE OR NEGLECT: We may disclose your child's health information to appropriate authorities if we reasonably believe that your child is a possible victim or abuse, neglect or domestic violence or any other crime. We may disclose information necessary to avoid a threat to your child's, or anyone else's, health or safety.

NATIONAL SECURITY: We may disclose to federal officials any health information required for lawful intelligence, counterintelligence or other activities of a national security nature. We may disclose information to military authorities regarding the health information of Armed Forces personnel under certain circumstances. We may also disclose to correctional institutions of law enforcement officials having lawful custody of protected health information of an inmate patient.

MARKETING: We will not use your child's health information for marketing communications without your written permission.

REQUIRED BY LAW: We may use or disclose your child's health information when we are legally bound to do so.

PATIENT APPOINTMENT REMINDERS: We may disclose your child's health information to provide you with appointment reminders.

PATIENT RIGHTS: You have the right to look at and get copies of your child's health information and dental records with limited exceptions. You must make all requests for copies in writing. We will charge a reasonable fee for expenses for copies and staff time, not to exceed 75 cents per page. If an alternate duplication mode is preferred, we will provide it subject to a cost-based fee and only if reasonably achievable for us to do so.

RESTRICTION: You have the right to request that we communicate with you about your child's health information by alternative means or to alternative locations, if request is given in writing

AMENDMENT: You have the right to request, in writing, that we amend your child's health or personal information. We may deny this request in certain circumstances.

ELECTRONIC NOTICE: If you receive this Notice via e-mail or our website, you have the right to request a print copy.

PLEASE CONTACT US IF YOU WANT MORE INFORMATION ON OUR PRIVACY PRACTICES.

If you are concerned that your privacy rights have been violated, or you disagree with a decision we made about your access to your child's health information, or in response to a request made to amend or restrict the use or disclosure, you may object by using the contact information listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint to HHS upon request. We support your right to privacy and cannot retaliate in any way if you choose to file a complaint with us or with the government.

Contact our office at (315) 299-4681
4605 East Genesee St. Syracuse, NY 13214