

# HONESDALE FAMILY & IMPLANT DENTISTRY

*David M. Boldish, D.D.S.*  
1325 North Main Street  
Honesdale, PA 18431  
(570) 253-0715

## **NOTICE OF PRIVACY PRACTICES**

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.

We care about our patients' privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected medical information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practice with respect to protected health information. If you have any questions about this Notice, please speak with the doctor at this practice.

**WHO WILL FOLLOW THIS NOTICE.** Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel who may need access to your information must abide by this notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.** The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses and disclosure. Not every possible use or disclosure in a category is listed.

**FOR PAYMENT.** We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or a third party (e.g., We may need to send your protected health information, such as your name, address, office visit date and codes for identifying your diagnosis and treatment to your insurance company).

**FOR HEALTH CARE OPERATIONS.** We may use and disclose medical information about you for health care operations to assure that you receive quality care. **EXAMPLE:** We may use and disclose medical information to review our treatment and services and evaluate the performance of our staff caring for you.

### **OTHER USES OR DISCLOSURES THAT CAN BE MADE WITHOUT CONSENT OR AUTHORIZATION.**

- \* As required during an investigation by law enforcement agencies;
- \* To avert serious threat to public health or safety;
- \* In response to a legal proceeding and to a coroner;
- \* As required by the US Food and Drug Administration (FDA);
- \* Other health care providers' treatment activities (e.g. orthodontist, oral surgeon, periodontist or other dentist)
- \* Other covered entities and providers payment activities;
- \* Other covered entities healthcare operations activities (to the extent permitted under HIPAA);
- \* Uses and disclosures required by law and in domestic violence or neglect situations.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

I acknowledge that I have read and do understand this notice.

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