

DIANA M. CAPOBIANCO, D.D.S.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Introduction

Diana M. Capobianco, D.D.S. is required by law to maintain the privacy of "protected health information." "Protected health information" includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures Diana M. Capobianco, D.D.S. will make of your protected health information. Diana M. Capobianco, D.D.S. must comply with the provisions of this notice, although Diana M. Capobianco, D.D.S. reserves the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a copy of our most current privacy notice from our office.

Permitted Uses & Disclosures

Diana M. Capobianco, D.D.S. may use or disclose medical information about you, without your authorization, for purposes related to/for:

- *Treatment: Treatment means the coordination of your care between various healthcare providers and specialists for consultations. For example, a dentist treating you for gum disease may need to know if you have diabetes because diabetes may slow the healing process. Therefore, the dentist may review your medical records to assess whether you have potentially complicating conditions such as diabetes.
- *Payment: Payment refers to activities related verifying your level of insurance benefits, requesting authorizations for treatment and referrals for special tests, and billing/administrative purposes. For example, prior to providing health care services, we may need to provide your insurer information about your medical condition to determine whether the proposed course of treatment will be covered.
- *Health Care Operations: The function of health care operations relates to treatment and payment such as quality assurance, case management, patient complaints, audits, and doctor reviews. For example, we may use your medical information to evaluate the performance of our staff caring for you.
- *Friends/Family: When friends/family are involved in your care or payment for your care, we will allow them to pick up medical supplies, x-rays, or un filled prescriptions on your behalf. If you are available, we will allow you to object to any of these disclosures. If you are unavailable, we will determine what is in your best interest and will allow these individuals to act on your behalf.
- *Appointments and other Health Benefits: We may contact you to remind you about your appointments and bring to your attention alternative treatment suggestions and other health related benefits.
- *Organ & Tissue Donation: Under law, we can use and disclose your medical information to organizations that handle organ and tissue procurement and donations.
- *Military & Veterans: If you are a member of the armed forces, we may release medical information about you to military authorities, and to foreign military authorities, when applicable.
- *Workers Compensation: We may disclose medical information to programs that provide benefits for work-related injuries or illness.
- *Public Health Risks: We may disclose your medical information to public health officials for purposes related to prevention and control of disease, injury, disability, and reports of births, deaths, abuse, and neglect.
- *Health Oversight: We may disclose your medical information to federal or state agencies that oversee our activities for purposes related to monitoring our health care system, government programs, and compliance with civil rights laws.
- *Lawsuits and Disputes: We may disclose your medical information in response to a court subpoena or administrative order.
- *Law Enforcement: We may disclose your medical information to law enforcement officials to aid in the search of a criminal or fugitive, or a criminal investigation.
- *Coroners, Medical Examiners, & Funeral Directors: We may disclose your medical information to identify a deceased person, determine cause of death, and to help funeral directors carry out their duties.
- *Purposes of National Security: We may disclose your medical information to authorized federal authorities for national security activities permissible by law.
- *Protection for Federal Officials: We may disclose your medical information to protect the President and/or other authorized persons or foreign heads.
- *Inmates: We may provide a correctional facility with an inmate's medical information for their health care and to protect the health and safety of others.
- *Research: We may disclose your medical information to researchers that have received proper approval.

As permitted by applicable law and ethical conduct, Diana M. Capobianco, D.D.S. may use and disclose medical information if her staff believes, in good faith, that such use or disclosure is necessary to prevent serious harm to you and to others. Other uses and disclosures of your protected health information will be made with your authorization, and you reserve the right to refuse such authorization.

Your Rights

As a patient of Diana M. Capobianco, D.D.S., you have the right to:

- *Request restrictions on our use of your medical information for any of the services listed above; however *we are not required to accept your request.*
- *Request confidential communication of your protected health information.
- *Request copies of your medical information to be delivered to other locations. You will be responsible for any expenses incurred by us for these services, i.e., copying, mailing, etc.
- *Request to view your medical records *except* for notation compiled for potential legal proceedings, medical documentation if you are a prison inmate, information being obtained as a part of a research study that you signed an initial participation consent, information kept by a federal agency, or if the medical information was obtained under a confidentiality agreement made with another provider or entity.
- *Request an addition or amendment be made to your medical information, *subject to certain conditions.*
- *Request an accounting of disclosure of medical information, *except for disclosures to carry out treatment, payment, or health care operations.*
- *Receive this Notice of Privacy Practices.

We are required by law to maintain the privacy of your protected health information, and to provide you with a copy of our Privacy Practices. We are required by law to abide by the statements within this Notice of Privacy Practices, effective April 14, 2003. We reserve the right to make any necessary changes and updates to our Privacy Practices, and these new provisions effect all protected health information that we maintain. Should we see the need to change our Privacy Practices, an updated Notice of Privacy Practices will be mailed to you.

Should you have a complaint, question, or feel that your privacy rights have been violated, please contact our Privacy Officer, Diana M. Capobianco, D.D.S. at 410-569-6700. You may also file a complaint with the Department of Health and Human Services.

Acknowledgement of Notice of Privacy Practices

I acknowledge that I have received a copy of the Diana M. Capobianco, D.D.S. Notice of Privacy Practices. I understand this notice describes how medical information about me may be used and disclosed, my rights regarding the use and disclosure of this information, and how I can obtain access to this information.

Patient Name

Date

For Personal Representatives:

I _____ represent that I am the healthcare agent/guardian/surrogate/parent
(**Print** your name)

of the patient named above.

Parent or legal Guardian Signature: _____