



Notice of Privacy Practices

Shoreline Family dentistry is required, by law, to maintain the privacy and confidentiality of our patients' protected health information. We take this duty very seriously. We are also bound by law to provide our patients with notice of our legal duties and privacy practices with respect to their protected health information. That is part of the purpose of this notice.

Disclosure of Patient Health Care Information

- In connection with treatment, we may disclose patient health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.
- We may disclose patient health information to insurance providers for the purpose of payment or health care operations.
- We may disclose patient health information as necessary to comply with State Workers' Compensation Laws.
- We may disclose patient health information to notify or assist in notifying a family member, or another person responsible for patient care about patient medical condition or in the event of an emergency.
- As required by law, we may disclose patient health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.
- We may disclose patient health information in the course of any administrative or judicial proceeding.
- We may disclose patient health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.
- We may disclose patient health information to coroners or medical examiners.
- We may disclose patient health information to organizations involved in procuring, banking, or transplanting organs and tissues.
- We may disclose patient health information to researchers conducting research that has been approved by an Institutional Review Board.
- It may be necessary to disclose patient health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.
- We may disclose patient health information for military, national security, prisoner and government benefits purposes. In the event that *DOCTOR/PRACTICE NAME* is sold or merged with another organization, patient health information/record will become the property of the new owner.

Patient Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your or your child's patient health information. Please be advised, however, that *Dr Cohen* is not required to agree to the restriction that you requested.

- You have the right to have your or your child's health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon request.
- You have the right to inspect and copy your or your child's patient health information.
- You have a right to request Shoreline Family Dentistry amend your or your child's protected health information. Please be advised, however, that Shoreline Family dentistry is not required to agree to amend patient protected health information. If your request to amend patient health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your or your child's protected health information made by *Shoreline Denitstry*.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.
- Shoreline Family Dentistry reserves the right to amend this Notice of Privacy Practices at any time in the future and will make the new provisions effective for all information that it maintains. Until such amendment is made, *Shoreline Family Dentistry* is required by law to comply with this Notice.
- If you have questions about any part of this notice or if you want more information about patient privacy rights, please contact: *DOCTOR* by calling this office at 6319296800. If *DOCTOR* is not available, you may make an appointment for a personal conference in person or by telephone.
- If you wish, you may submit a formal complaint to:

DHHS
Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F
HHH Building
Washington, DC 20201

Thank you for reading this notice.