



C & E Elite Family Dentistry, SC

“Experts in Creating Healthy Attractive Smiles”

7155 N. Port Washington Rd. -- Milwaukee, WI 53217

(414) 352-1600

Drs. Ellie & Carlos Parajon are pleased to welcome you to our practice. Please take a few minutes to **READ THIS FORM**. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your dental health.

HIPPA Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review this carefully. The privacy of your health information is important to us.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect January 10, 2008, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make significant changes in our privacy practices, we will change this Notice and make the new Notice available by request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

TREATMENT: We may use and disclose your health information to a physician or other healthcare provider providing treatment to you.

PAYMENT: We may use and disclose your health information to obtain payment for services we provide to you.

HEALTHCARE OPERATIONS: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and

provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an 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. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

TO YOUR FAMILY AND FRIENDS: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help your healthcare or with the payment for your healthcare, but only if you agree that we may do so.

PERSONS INVOLVED IN CARE: We may use disclose your health information to notify or assist in the notification of (including identification or location) a family member, your personal representative or another person responsible for your care, your location, your general condition or death. If you are present, then prior to the use or disclosure of your health information, we will provide you with the opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose your health information, using our professional judgment, in disclosing only health information that is relevant to the personal involvement with your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or similar health information.

MARKETING HEALTH-RELATED SERVICES: We will not use or disclose your health information for marketing communications without your written authorization.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.

ABUSE OR NEGLECT: We may use and disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or the possible victim of other crimes. We may use and disclose your health information to the extent necessary to divert a serious threat to your health or safety, or the health and safety of others.

NATIONAL SECURITY: We may use or disclose to the military authorities, the health information of Armed Forces personnel, under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders, such as voicemail messages, postcard or letters.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot capable of doing so. You must make the request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you \$30 for staff time to locate and copy your health information and postage if you want the copies mailed to you. If you request an alternate format, we will charge you a cost-based fee for providing your health information in that format. If you prefer, we will prepare a

summary or an explanation of your health information for a fee. Contact us using the information listed at the end of the Notice for a full explanation of our fee structure.

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we or our business associates disclosed your health information, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 1997. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost based fee for responding to these additional requests.

RESTRICTIONS: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency.

ALTERNATIVE COMMUNICATION: You have the right to request that we communicate with you about your health information by alternative means or location, and provide satisfactory explanations on how payments will be handled under the alternate means or location you request.

AMENDMENT: You have the right to request that we amend your health information. Your request must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

ELECTRONIC NOTICE: If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you would like more information about our privacy practices or have questions or concerns, please contact us.

if you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information or in response to a request that you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternate means or alternate locations, you may complain to us using the information listed at the end of this Notice. You also may submit a written complaint with the U. S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U. S. Department of Health and Human Services upon request.

We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U. S. Department of Health and Human Services.

Contact: Leslye Klinger - Telephone: 414-352-1600
Address: 7155 N Port Washington Road - Glendale, WI 53217