

UNITED DENTAL GROUP

876 GREEN ST, ISELIN NJ 08830

(732)636-0838

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN GET ACCESS FOR THE SAME. PLEASE REVIEW IT CAREFULLY.

USES AND DISCLOSURES

TREATMENT: Your medical information may be used or disclosed by staff members to other health professionals for evaluating your health, diagnosing medical conditions and providing treatment like results of tests and procedures would be available to all health professionals who may provide treatment or who may be consulted by staff members.

PAYMENT: Your health information may be used to seek payment from your health plan, other sources of coverage or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services provided and the condition being treated.

HEALTH CARE OPERATIONS: Your health information may be used to support the day-to-day activities and management of this office like to support budgeting and financial reporting.

LAW ENFORCEMENT: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspection, facilitate investigations, and to comply with government mandated reporting.

PUBLIC HEALTH REPORTING: Your health information may be disclosed to public health agencies as required by law to report certain communicable diseases to the state public health department.

OTHER USES/DISCLOSURES REQUIRE YOUR AUTHORIZATION: Disclosure of your health information or its uses for any other purposes other than listed above require your written authorization. If you change your mind after authorizing a use/disclosure of your information you may submit a written revocation for the same. However that may not affect or undo any use/disclosure that occurred before you notified us of your decision.

ADDITIONAL USES OF INFORMATION

APPOINTMENT REMINDERS: Your information may be used by our staff to send you appointment reminders.

INFORMATION ABOUT TREATMENT: Your information may be used to send you information about treatment and management of your medical condition that may be of interest for you. We may also send you information about other health related goods and services that may interest you.

INDIVIDUAL RIGHTS

Under the federal privacy standards, your rights are:

- Right to request restriction on use/disclosure of your protected health information.
- Right to receive confidential communications about your medical condition and treatment.
- Right to inspect and copy your protected health information.
- Right to amend or submit corrections to your protected health information.
- Right to receive an accounting of how and to whom your information has been disclosed; and
- Right to receive a printed copy of this notice.

THIS OFFICE DUTIES

We are required by law to maintain the privacy of your protected health information and provide you with this notice and also to abide by the privacy policies and practices that are outlined in this notice.

RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices which may be required by changes in federal and state laws and regulations. Whatever the reason, we will provide you with a revised notice on your next visit which would be applied to your protected health information that we maintain.

COMPLAINTS

If you would like to submit a comment/complain about our privacy policies or if you believe that your privacy rights have been violated you can do so by sending a letter outlining your concerns at the above address.

EFFECTIVE DATE: THIS NOTICE IS EFFECTIVE ON OR AFTER APRIL 13, 2003.

Consent for Use and Disclosure of Health Information

United Dental Group, P.C. 876 Green Street Iselin, NJ 08830 (732)636-0838

Section A: Patient Giving Consent

Name: _____ Address: _____

Section B: To the patient: Please read the following statements carefully

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this consent. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

United Dental Group, P.C. 876 Green Street Iselin, NJ 08830 (732)636-0838

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the contact person listed above. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

Signature I, _____, have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to our use and disclosure of my protected health information to carry out treatment.

Signature _____ Date _____

If this Consent is signed by a personal representative on behalf of the patient, complete the following: Personal Representative's Name _____ Relationship to Patient _____

You are entitled to a copy of this consent after you sign it.

Revocation of Consent: I revoke my Consent for your use and disclosure of my protected health information for treatment, payment, activities, and healthcare operations. I understand that revocation of my Consent will not affect any action you took in reliance on my Consent before you received this written Notice of Revocation. I also understand that you may decline to treat or to continue to treat me after I have revoked my Consent.

Signature _____ Date _____

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This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

Acknowledgement of Receipt of Notice of Privacy Practices

United Dental Group, P.C. 876 Green Street Iselin, NJ 08830 (732)636-0838

***You may refuse to sign this acknowledgement**

I, _____, have received a copy of this office's
Notice of Privacy Practices.

Please print name _____

Signature _____ Date _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other(Please specify) _____

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