

HIPAA NOTICE OF PRIVACY PRACTICES

This Notice Describes How Medical Information About You May Be used or disclosed and how You Can Get Access to This Information,

Please Review It Carefully

If you have any questions about this notice, please contact:

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kiddsteeth@aol.com

office :518-489-2571. Fax 518-489-0075

MY OFFICE RESPONSIBILITIES

My office. And staff respect our responsibility to keep your child's health care information private. My practice is obligated by law to give you notice of my privacy practices. This Notice explains how my office protects your child's health care information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why I use or disclose your health information is for referrals for specialty treatment, payment, or health care needs. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; examining your teeth, mouth, and oral health; prescribing medications and texting them to be filled; showing you treatment options; referring you to another dentist for specialty care: or getting copies of your health information from another professional that you may have seen before us. Examples of how my office uses or discloses your health care information for payment purposes are: asking you about your dental or medical care plans, or other sources of payment; preparing and sending bills or claims and collecting unpaid amounts (either ourselves or through a collection agency or attorney).

Health care office policies are those administrative and managerial functions that we do to run our office. Examples of how my office uses or discloses your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans: defense of legal matters; business planning; and outside storage of our records.

My office and staff routinely use your health information inside our office for these purposes without any special permission. If there is a need to disclose your health information outside of our office for these reasons, we usually will not ask you for special permission.

USES AND DISCLOSURES OF YOUR CHILD'S HEALTH CARE INFORMATION FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires my office or staff to use or disclose your health information without your permission. Not all these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- ✓ #When a state or federal law mandates that certain health information be reported for a specific purpose.

#For public health purposes, such as contagious disease reporting, investigation, or surveillance; and notices to and from federal Food and Drug Administration regarding drugs or medical devices.

#Disclosure to government authorities about victims of suspected abuse, neglect, or domestic violence.

#Uses and disclosures for health oversight activities, such as for licensing of doctors, for audits by Medicare or Medicaid, or for investigation of possible violations of health care laws.

#Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of court or administrative agencies.

#Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office' or to report a crime that happened somewhere else.

#Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations.

#Uses or disclosures to prevent a serious threat to health or safety.

#Disclosures of a "limited data set" for research, public health, or health care operations.

#Incidental disclosures that are unavoidable by-product of permitted uses or disclosures.

#Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

APPOINTMENT REMINDERS

We may call, text ,email or write to remind you of your child(children's)scheduled appointments, or that it is time to make a routine appointment. Unless you tell us otherwise, we will mail, call, text or leave telephone messages when your child is due for an appointment or has a scheduled appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

OTHER USES AND DISCLOSURES

My office or staff will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give my office a properly completed authorization form, or you can use one of ours.

If my office initiates the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, my office cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless my office has already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

Request us to restrict our uses and disclosures for purposes of treatment (except emergency treatment). Payment or health care operations. We do not have to agree to do this, but if we agree. We must honor the restrictions that you want. We must honor a restriction not to send information to a health care plan regarding any service for which you have already made full payment. To ask for a restriction, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.

You may ask my office to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E

mail to your personal E mail address. My office will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.

#You may ask to see or to get photocopies of your health information. By law, there are few limited situations in which we can refuse to permit access or must pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. If you want to review or get photocopies of your health information, send a written request to the office at the address, fax or E-mail shown at the beginning of this notice.

#Ask my office to amend your health information if you think that it is incorrect or incomplete. My office will amend the information within 60 days from when you request this. My office will send the corrected information to persons who got the wrong information, and others that you specify. If my office does not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement a permitted disclosure of your position, and we will include it with your information along with any rebuttal statement we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, my office can have on 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment to the office contact person at the address, fax or Email shown at the beginning of this Notice.

#Get a list of the disclosures that we have made of your health information within the past six years (or shorter period if you want). By law, the list will not include disclosures for purposes of treatment, payment, or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.

#Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.

#Be notified by us in a timely manner of any breach of the privacy or confidentiality of your unsecured protected health information, which we will provide to you in accordance with law and take all appropriate measures to address.

OUR NOTICE OF PRIVACY PRACTICES

By law, my office must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future if we change our Notice of

Privacy Practices, we will post the new notice in our office, have copies available in our office and post it on our Web site.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or E mail shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.

Effective Date: November 25 ,2023

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