



**Pediatric Dentistry**  
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## NOTICE OF PRIVACY PRACTICES

Protecting your confidential health information is important to us.

It is our desire to communicate to you that we are taking the new Federal (HIPAA-Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We are required by applicable federal and state law to maintain the privacy of your child's health information. We are also required to give you this Notice about our privacy practices that are described in this Notice. This Notice takes effect April 14, 2003 and will remain in effect until we replace it.

We want you to know about our policies and procedures that we developed to make sure your child's health information will not be shared with anyone who does not require it. We will use and disclose health information about your child for treatment, payment, and healthcare operations.

How you and your child's information may be used:

**TREATMENT:** We will use you and your child's health information within our office to provide you with the best dental care possible. This may include both administrative and clinical office so that we can schedule and coordinate care between the dental assistant, dentist and business office staff. We may also share health information with physicians, referring dentists, clinical and dental laboratories, pharmacies or other health care personnel providing your child treatment.

**PAYMENT:** We may include your child's health information with an invoice used to collect payment for treatment your child received in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will work only with companies that have a similar commitment to the security of you and your child's health information.

**HEALTHCARE OPERATIONS:** We may use and disclose your child's health information in training and improvement activities, accreditation, certification, licensing or credentialing activities.

**IN PATIENT REMINDERS:** We believe regular care is very important to your child's oral health so we will remind you of scheduled appointments and when it is time for you to contact us to make an appointment. We may also contact you to follow up on your child's care. These communications may include postcards, letters, and telephone or voice mail reminders.

**ABUSE OR NEGLECT:** We may disclose your child's health information to appropriate authorities if we reasonably believe our patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment or when we believe we are specifically required by law.

**NATIONAL SECURITY:** We may be required to disclose to military authorities or Federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of patient under certain circumstances.

**FOR LAW ENFORCEMENT:** We may use or disclose your or your child's health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

**FAMILY, FRIENDS, AND CAREGIVERS:** We may disclose your child's health information to a family member, friend or other person to the extent necessary if they accompany your child to our office in order to help with your child's healthcare or with payment. In case of an emergency, where you are unable to tell us what you want we will use our very best judgment in sharing your health information only when it will be important to those participating in providing your care.

### PATIENTS RIGHTS

**ACCESS:** You have the right to look at or get copies of your child's health information. If you would like a copy of your child's health information, you must make a request in writing. If you request copies a fee will be charged to cover the cost of copying, as well as staff time to locate and copy, and postage if you want the copies mailed.

**DISCLOSURE ACCOUNTING:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the past 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we will charge you a reasonable, cost-based fee for responding to these additional requests.

**RESTRICTION:** You have the right to request that we place additional restrictions on our use or disclosure of your child's 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).

**AMENDMENT:** You have the right to request that we amend your child's health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**QUESTIONS:** If you want more information about our privacy practices or have questions, please contact our Privacy Officer at 1055 Kempsville Rd., Virginia Beach, VA 23464, (757) 474-1200.

If you are concerned that we may have violated your privacy rights, you may complain to us or you may submit a written complaint to the U. S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

PATIENT'S NAME(S) \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_