



HIPAA Notice of Privacy Practices



Cusumano & Stuver, DDS, Inc.
4350 N. Fairfax Dr. #135
Arlington, VA 22203

THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures of Protected Health Information

We use health information about you for treatment (diagnostic testing, prescription, referral, etc.) to obtain payment (submit claims and/or encounters to billing services and/or clearinghouses, and/or collection agencies, etc.) for administrative purposes (reporting, utilization management, quality improvement and surveys, etc.) and to evaluate the quality of care that you receive. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We provide information when otherwise required by law, such as for law enforcement in specific circumstances and for emergencies. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may apply a change to our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You may request a copy of our notice at any time. For more information about our privacy practices, contact the Privacy Office listed below.

Individual Rights

You have the right, following a written request and agreed upon date and time, to look at, get a copy of or receive electronically protected health information about you that we use to make decisions about you. If you request copies, we will charge you at our cost for each page. You also have the right to receive a list of instances where we have disclosed protected health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request in writing that we amend the existing information.

You may request in writing that we restrict and/or not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to agree to it.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access or amendment to your records, you may contact the person listed on the back page of this pamphlet. You may send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights.

Our Legal Rights

We are required by law to protect the privacy of your information, provide this notice about our information practices that are described in this notice.

Questions can be addressed to: Practice Administrator, Cusumano and Stuver, DDS, Inc.
HIPAA Effective Date: April 14, 2003



§ 164.520 Notice of privacy practices for protected health information.

(a) *Standard: notice of privacy practices*—(1) *Right to notice*. Except as provided by paragraph (a) (2) or (3) of this section, an individual has a right to adequate notice of the uses and disclosures of protected health information that may be made by the covered entity and of the individual's rights and the covered entity's legal duties with respect to protected health information.

(2) *Specific requirements for certain covered health care providers*. A covered health care provider that has a direct treatment relationship with an individual must: (i) Provide the notice:

(A) No later than the date of the first service delivery, including service delivered electronically, to such individual after the compliance date for the covered health care provider; or (B) In an emergency treatment situation, as soon as reasonably practicable after the emergency treatment situation.

(ii) Except in an emergency treatment situation, make a good faith effort to obtain a written acknowledgment of receipt of the notice provided in accordance with paragraph (c) (2) (i) of this section, and if not obtained, document its good faith efforts to obtain such acknowledgment and the reason why the acknowledgment was not obtained; (iii) If the covered health care provider maintains a physical service delivery site:

(A) Have the notice available at the service delivery site for individuals to request to take with them; and (B) Post the notice in a clear and prominent location where it is reasonable to expect individuals seeking service from the covered health care provider to be able to read the notice; and

(iv) Whenever the notice is revised, make the notice available upon request on or after the effective date of the revision and promptly comply with the requirements of paragraph (c) (2) (iii) of this section, if applicable.

This section of the Notice of Privacy Practices is to be removed from the rest of the pamphlet, signed by the individual and placed in their chart or record to be retained for a minimum period of 6 years or for the length of time designated to retain patient records. Refusal to sign acknowledgement should be recorded to that effect in the patient chart.

Health Insurance Portability and Accountability Act (HIPAA) Patient Acknowledgement

I acknowledge that I have received a copy of the PROVIDER NOTICE OF PRIVACY PRACTICES as required by Health Information Portability and Accountability Act.

Signature

Date