



NOTICE OF 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 it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) requires that all health care records and other individually health information used or disclosed to us in any form by electronically, written or orally, be kept confidential. As required by HIPPA, we have provided this explanation of how we may use and disclose your health information. Uses and Disclosures of Health Information

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

1. **TREATMENT**: We may use or disclose your health information to a dentist, physician or other Healthcare provider providing treatment to you.
2. **PAYMENT**: We may use and disclose your health information to obtain payment for services we provide to you.
3. **HEALTHCARE OPERATIONS**: We may use and disclose your health information in connection with our healthcare operations i.e. evaluating quality assessment and improvement activities, reviewing qualifications of healthcare professionals, and conducting training programs.

YOUR AUTHORIZATION:

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. We may disclose your health information to a family member, friend, or other person to

the extend necessary to help you with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment and disclosing only health information that is directly relevant to the person's involvement in your healthcare. We may disclose to authorize federal officials health information required for lawful intelligence and other national security activities. Also, we may use or disclose your health information to provide you appointment reminders such as voicemail messages, postcards, letters.

PATIENT RIGHTS:


1. You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. We will charge you a fee of **\$25** for expenses such as copies and staff time. Radiographs (x-rays) will be copied for additional fee.
2. You have the right to request in writing that we place additional restrictions on our use or disclosure of your health information. We are not requiring agreeing to these additional restrictions, but if we do, we will abide by our agreement except in an emergency.
3. You have the right to request confidential communications of protected health information from us by alternative means or to alternative locations. Your request must be in writing.
4. You have the right to request that we amend your health information. Your request must be in writing. We may deny your request under certain circumstances.
5. You have the right to receive an accounting of disclosures of protected health information made outside of treatment, payment, and healthcare operation.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices.

This notice is effective as of June 1, 2015 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of Notice of Privacy Practices and revised it with an effective date. You may request a written copy of the revised Notice from this office.

You have the right to file a formal, written complaint with us or with the Department of Health and Human Services, Office of Civil Right, in the event that you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For information about our Privacy Practices, please contact:



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