

# Notice of Privacy Practices-Drs. Novick, Hartz, Hall, Sharma & Martinez

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.

Our office is dedicated to protecting the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principle concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

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## PROTECTING YOUR PERSONAL HEALTHCARE INFORMATION

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the State of Virginia. This may include, but is not limited to, your treatment, payment and our dental care operations. Your personal health care information will never be given to anyone, even family members, without your written consent. You may give written authorization for us to disclose your information to anyone you choose for that purpose. Our offices and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current and future patients.

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## COLLECTING PROTECTED HEALTH INFORMATION

We will only request personal information needed to provide our standard of quality care, implement payment activities and conduct normal dental practice operations. This may include your name, address, telephone numbers, social security number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties, if deemed necessary. Regardless of the source your personal information will always be protected to the full extent of the law.

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## DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use your information for marketing purposes without your written consent.

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## APPOINTMENT REMINDERS

We may use and/or disclose your health information to communicate reminders about your appointment. This includes, but is not limited to, voice mail messages, answering machines and post cards.

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## PATIENT RIGHTS

You have the right to request copies of your health care information as well as a list of instances in which we, or our business associates, have disclosed your protected information for uses other than stated above. We may charge for your copies an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services.

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**All requests for information must be submitted in writing to:**

**Drs. Novick, Hartz, Hall, Sharma & Martinez**

**11325 Sunset Hills Road Reston, Virginia 20190**

**Phone: (703) 437-8811**

**Fax: 703-471-5978**