

Comprehensive Dental Care of Lorton Station
Robert E. Moffitt, DDS
9010 Lorton Station Blvd.
Suite 230
Lorton, VA 22079
703.337.4272

Notice of Privacy Practices

Please read this notice carefully, as it describes your rights regarding your health information and how it can be used and/or disclosed and how you can be given access to the information.

The privacy of your healthcare information is important to us.

Legal Responsibility of Our Office

Federal and state laws require us provide you with this notice in regards to the protection of your private healthcare information. We are also required to give you this notice about our privacy policies and procedures, your rights in relation to your healthcare information and our legal responsibilities. This privacy policy takes effect immediately and will remain in place until our office replaces it. We must follow the privacy practices that this notice sets forth.

It is the right of this office to change this policy at any time as long the changes are in accordance with the applicable laws. Significant changes will result in the replacement of this Notice and the new Notice will be available upon request.

If you have any questions regarding our privacy policies or if you would like a copy of this notice, please contact our office using the contact information at the end of this Notice.

Healthcare Information Uses and Disclosures

Your healthcare information is used and disclosed for treatment, payment, and healthcare operations; for example:

Treatment: Our office may use or disclose your healthcare information to a physician or other healthcare provider who is providing treatment to you.

Payment: Your healthcare information will be used and disclosed by our office to obtain payment for services rendered to you.

Healthcare Operations: Our office will use and disclose your healthcare information in association with our healthcare operations. These operations include, but are not limited to: evaluation and review of healthcare professionals, quality reviews, assessments, improvement and training activities, licensing and credentialing activities, and certification and accreditation programs.

Your Authorization: In addition to the above uses of your healthcare information, you have the right to give us written authorization to use or disclose your private healthcare information to anyone for any reason. . We will not release your private healthcare information without your written authorization. You are allowed to revoke the authorization at any time; however, this revocation will not affect any prior uses or disclosures of this information that may have been released while this authorization was in affect.

Family and Friends: Your healthcare information will only be released to you unless you have authorized our office to disclose information to a family member, friend, or other person. We will only disclose the information necessary to help with your treatment or payment of your healthcare with your permission.

Persons Involved in Your Care: Our office may use or disclose your private health information if it is necessary to notify or aid in the notification of a family member, personal representative or another person responsible for your care of your location, your general condition or death. If you are present and capable of deciding what information and to whom that information should be released, you will be given that option. If you are incapacitated because of an emergency, we will use or disclose only that private health information that is deemed necessary in our professional judgment and experience to make reasonable recommendations of your best interest in allowing another individual to pick up prescriptions, medical supplies, x-rays or other similar forms of healthcare information.

Marketing Health-Related Services: We will not use your private healthcare information for marketing programs without your written authorization.

Required by Law: If the law requires our office to use or disclose your private healthcare information, our office will comply.

Abuse or Neglect: Our office will notify the appropriate authorities if we have reason to believe that you have been a victim of abuse, neglect or domestic violence. We may disclose your personal health information to the degree necessary to prevent or avert any serious threats to your health or safety or the health or safety of others.

National Security: We may disclose to military officials the health information of Armed Forces personnel under certain circumstances. We may disclose your health information as required for lawful intelligence, counterintelligence, and other national security activities. We may disclose this information to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances as dictated by federal regulation.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voice mails, messages, postcards, or letters).

Patient Rights

Access: You have the right to look at or get copies of your personal health information, with limited exceptions. You may ask that we provide these copies in a format other than photocopies. We will use the requested format unless that format is unavailable to our office. (To obtain access to your healthcare information, you must make the request in writing. You can either send a letter detailing the request or contact our office for a form letter. Contact information is provided at the bottom of this Notice). Please contact us for further information regarding fees or if you need a form to request access to your records.

Disclosure Accounting: You have the right to receive a list of requests that have been made for disclosure of your personal health information either from our office or our business associates for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period we may charge you a reasonable fee for this request.

Restriction: You have the right to request that we place restrictions on our use or the disclosure of your personal healthcare information. We are not required to abide by these requested restrictions, but if we do, we will accept your request (except in emergency situations)

Alternative Communication: You have the right to request that we communicate with you about your health information by other forms of communication or to other locations. (These requests must be made in writing). Your request must specify the form of communication, or the alternate location, and provide satisfactory explanation how payments will be handled under these alternate circumstances.

Amendment: You have the right to request that we amend your healthcare information. Again, your request must be made in writing and it must explain why the information should be amended. We have the right to deny this request under certain circumstances as dictated by the federal regulations regarding HIPAA.

Electronic Notice: If you receive this notice via our Web site or by e-mail, you are also entitled to receive this Notice in written form from our office.

Questions and Complaints

If you need or want more information regarding our privacy practices or have any questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision our office has made regarding access to your healthcare information or a response we made to your request to amend or restrict the use and/or disclosure of your healthcare information or to have us communicate with you using an alternative means or location, you have the right to complain to us using the contact information listed on the bottom of this Notice. You may also contact the Department of Health and Human Services in writing. We will be happy to provide you with the mailing information upon request.

Our office supports your right to the privacy of your healthcare information. We will not retaliate in any way if you deem it necessary to file a complaint with the U.S. Department of Health and Human Services.

Comprehensive Dental Care of Lorton Station
9010 Lorton Station Blvd.
Suite 230
Lorton, VA 22079
703.337.4272

Privacy Practices Statement:
Acknowledgement of Receipt

Patient Name: _____

I, _____, acknowledge that I have received a copy of the Notice of Privacy Statement from this office. I have read the Privacy Statement and any questions I had have been answered by the office staff.

Signature Date

You may disclose this health information to:

Name: _____ Phone: _____

My Rights:

I understand I do not have to sign this authorization in order to receive health care benefits (treatment, payment or enrollment). However, I do have to sign an authorization form to receive health care when the purpose is to create health information to a third party (i.e. insurance company).

I may revoke this authorization in writing. If I did, it would not affect any actions already taken by the above-name practice based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization are to fill out a revocation form or to write a letter to the office.

Once the office discloses health information, the purpose or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

Patient or legally authorized individual signature Date