

Freda & Suriano, Orthodontics P.A.

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Chester, N.J. 07930
(908) 879-0987

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Hackettstown, N.J 07840
(908) 852-1252

122
Bernardsville,

Notice of Privacy Practices

This notice describes how your medical and dental health information may be used and disclosed and how you get access to this information.

Please review it carefully.

The privacy of your health information is important to us.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Any substantive amendments made to this document, as it may relate to the privacy practices employed or to be employed by Freda and Suriano, will require our advising you as to these changes for your acknowledgment and if need be obtaining your consent. Should we make a significant change in our privacy practices, we will change this Notice and make said changes available to you for your perusal.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact and ask for our administrative coordinator for the respective office that you are involved.

USES AND DISCLOSURES OF HEALTH INFORMATION

We will use and disclose health information about you for treatment, payment, and healthcare operations as described below.

Treatment: We may disclose your medical and dental health information, assuming your acknowledgment, to a physician, dentist or other healthcare providers that we seek or request consultation or treatment from.

Payment: We may use and disclose your health and or related financial information to procure

payment for services that we provide to you as would be the case when submitting for insurance benefits.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional opinion and our experience with common practice to make reasonable judgments, with your best interest in mind, when allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing-Related Services: We will not use your health information for marketing communications without your written authorization.

Required By Law: We may use or disclose your medical and dental information when we are required to do so by law as would be the case when investigating abuse or neglect and/or for national security purposes.

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

PATIENTS RIGHTS

Access: You have the right to view or obtain copies of your health information contingent on a formal request and assuming a reasonable and customary fee(s) for copying diagnostic records such as radiographs or study models.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health and/or financial information within reason. Such a request will require written direction from you identifying such restrictions. Such restrictions may include the venue and or means of communicating your health and financial information and if so indicated, request confirmation from you should we transmit your information via electronic means.

Amendment: You have the right to request that we amend your health and financial 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.

In the final analysis, the office of Doctors Freda and Suriano and their agents will support, respect and protect your right to the privacy of your medical and dental health information and

related financing. We will not impede with, retaliate nor challenge in any way if you choose to review or procure copies of your personal information to satisfy any reasonable expectation.