

**MANSOOR MADANI, D.M.D.  
AND BALA INSTITUTE OF ORAL SURGERY**

**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.**

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**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 April 14, 2003 and will remain in effect.

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. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

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 us using the information listed at the end of this notice.

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**USES AND DISCLOSURES OF HEALTH INFORMATION**

**Treatment:** We may use and disclose health information about you for treatment, payment, and healthcare operations.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your healthcare information or to disclose it to anyone for any purpose. 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. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

**Your Family and Friends:** We must disclose your health information to you as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we do so.

**Persons Involved in Care:** 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 judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information.

**Marketing Health Related Services:** We will not use your health information for marketing communications without your written consent.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

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

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**PATIENT RIGHTS**

**Access:** You have the right to look at or to get copies of your health information, with limited exceptions. You must make a request in writing to the contact person listed at the end of this notice. We will charge you a maximum of \$25.00 for staff time to locate and copy your health information. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

**Accounting and Disclose:** You have the right to receive a list of instances in which we, or our business associates, disclosed your health information for the purpose 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, cost-based fee for responding to these additional requests.

**Restrictions:** You have the right to request that we placed additional restrictions on our use or disclosure of your health information. We are not required to agree to these restrictions, but if we do we will abide by our agreement (except for an emergency).

**Confidential Communication:** You have the right to request that we communicate with you in confidence about your health information by alternative means or to an alternative location. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to bill and collect payment from you.

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

**QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclose of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us by using the contact information listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

**Attn: Privacy Officer**  
**15 N. Presidential Blvd. #301**  
**Bala Cynwyd, PA 19004**  
**Phone: (610) 667-4455**  
**Fax: (610) 617-9275**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES  
AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION**

**ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I have received a copy of the notice of privacy practices of Mansoor Madani, D.M.D. and Bala Institute of Oral Surgery.

**CONSENT TO USE AND DISCLOSE HEALTH INFORMATION**

Mansoor Madani, D.M.D. and Bala Institute of Oral Surgery are authorized to use and disclose health information about me for treatment, payment and healthcare operations consistent with its notice of privacy practices.

\_\_\_\_\_  
Patient's (or legal guardian) **Signature**

\_\_\_\_\_  
Patient Name - **Print**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of legal guardian and relationship to patient (if applicable)