

**DENTAL LIFE  
RICHARD KIM D.D.S., P.L.L.C.  
200 West 57<sup>th</sup> St., Suite 410  
New York, NY 10019  
Tel: 212-245-4433  
Fax: 212-582-9344**

DEAR PATIENT:

THIS NOTICE IS BEING PROVIDED TO YOU IN ACCORDANCE TO THE "HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT "HIPAA" OF 1996, WHICH DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Effective April 14, 2003

This privacy of your dental information has been and is important to us. You may be aware that US government regulators established a privacy rule "HIPAA" governing protected health information. This notice tells you about how it may be used, and about certain rights that you have.

You may contact me at the phone number above if you desire further information, or if you may have any questions or concerns.

USE AND DISCLOSURE OF PROTECTED INFORMATION:

**Federal law** provided that we may use your protected health information for treatment of you without further specific notice to you, or written authorization by you such as, "if we refer you to more stringent New York laws, such as restriction on disclosure of information concerning "HIV/AIDS."

**Federal law** provides that we may use your dental information for dental care operations without further specific notice to you, or written authorization by you. Such as "under your dental plan, we are required to provide them with diagnosis code for your visit and a description of the services rendered."

Federal law provides that we may use your dental information for health care operations without further specific notice to you, or written authorization by you. Such as we may use your information for financial services, quality assurance, risk reduction and claim management purposes with our dental profession liability insurer, or our accountants may see your name, dates of treatment and procedure codes during audits of our books.

We may use or disclose your dental information, without further notice to you or specific authorization by you where:

1. Required by law;
2. Required for public health purposes;
3. Required by law to report abuses;
4. Where required by a health oversight agency for oversight activities authorized by law such as the Department of Health, Office of Professional Discipline or Office of Professional Dental Conduct;
5. Required by law in judicial or administrative proceedings;
6. Required for law examiner;
- 7.

Permitted by law to a funeral director; 8. Permitted by law for organ donation purposes; 9. Permitted by law to avert serious threat to health and safety; 10. Permitted by law and required by military authorities if you are a member of the armed forces of the United States.

We may contact you by mail or phone, at your residence, to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave messages on your answering machine.

You have the right to request amendments to your dental information. Such requests must be in writing, and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment and notify your rights. You have the right to request and accounting of any disclosures we make of your dental information. Except for: disclosures we make to you, or to carry out treatment; payment or health care operations, or as requested by your written authorization, or as permitted or required under purposes are permitted by law, or to correctional facilities or law enforcement officials as permitted by law or disclosures made before April 14, 2000.

Obligations that we have:

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices. We are required to abide by the terms of this notice as long as it is currently in effect. We reserve the right to revise this notice, and to make a new notice effective for all protected health information we maintain. Any revised notice will be posted in our office, and copies will be available.

If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. You may also direct your complaint to me in writing. No retaliatory action will be taken against you for any complaint you make.

I make the following special request for confidential communications:

Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_