

NOTICE OF PRIVACY PRACTICES

ZAHRA AFSHARZAND, D.M.D.

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 practices, our legal duties, and your rights concerning your health information. This Notice takes effect on April 14, 2003.

Uses and Disclosures of Health Information: We may use or disclose your health information to a physician or other healthcare provider who may be providing treatment to you. We may use and disclose your health information to obtain payment for services we provide to you. We may use or disclose your health information to provide you with appointment reminders, such as voicemail messages, postcards, or letters. We may use and disclose your health information in 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. In addition you may give us written authorization to use your health information or to disclose it to anyone for any purpose.

Unless you give us a written authorization, we can not use or disclose your health information for any reason except those described in 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 may do so. 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 may disclose your health information to appropriate authorities if we reasonably believe that you are possible victim of abuse, neglect, or 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 and safety of others. We may disclose to military authorities or authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We will not use your health information for marketing communications without your written authorization.

Patient Rights: You have the right to look at, or get copies of your health information. You must make a request in writing to obtain access to your health information. You may obtain a form to request access from us at any time.

Questions and Complaints: If you want more information about your privacy practices, or have questions or concerns that we may have violated your privacy right, or you disagree with a decision we made about access to your health information, please feel free to contact our office any time. You may also submit a written complaint to the U.S. Department of Health and Human Service upon request.



Specialists dedicated to transforming your smile.

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

Zahra Afsharzand, D.M.D.

I, _____, have received a copy of this offices's
Notice of Privacy Policies.

Please Print Name

Signature

Date



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