Individuals involved in Your Care or Payment for Your Care: We will only disclose information to a patient's guardian, representative with power of attorney and to people the patient invites to physically accompany him or her. Information will be disclosed to this patient representative in the presence of this patient. In certain emergency situations it may not be possible to have the patient present, in which case Da Vinci Dental Specialists may, in the exercise of professional judgment, determine whether the disclosure of information is in the best interest of the patient and if so, disclose only information directly relevant to the person's involvement with the patient's healthcare or related payment.

Business Associate: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain personal health information to one or more of these outside persons or organizations who assist us with payment/billing activities and health care operations. In such cases, we require these business associates to appropriately safeguard the privacy of your information.

Other Uses and Disclosures: We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization. Subject to conditions specified by law.

- We may release your personal health information for any purpose required by law.
- We may release your personal health information for public health activities, such as required reporting of disease, injury, birth, death, and required public health investigation.
- We may release your personal health information to certain government agencies if we suspect child abuse or neglect; we may release your personal health information to certain government agencies if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may release your personal health information to any entities regulated by the Food and Drug Administration if necessary to report adverse, product defects, or to participate in product recalls.
- We may release your personal health information to your employer when we have provided healthcare to you at the request of your employer for purposes related to occupational health and safety; in most cases you will receive notice that information is disclosed to your employer.
- We may release your personal information in emergency circumstances, such as to prevent a serious and imminent threat to a person or the public.
- We may release your personal health information to law enforcement officials to identify or locate suspect, fugitive, witness, victims of a crime or for other allowable law enforcement purposes.
- We may release your personal health information if necessary to arrange an organ tissue donation from you or a transplant for you.
- We may release your personal health information if you are a member of the military for activities set out by certain military command authorities as required by armed forces services; we may also release your personal health information if necessary for national security, intelligence, or protective activities.
- We may release your personal health information if necessary for purposes related to your workers' compensation benefits.

Confidentiality of Alcohol and Drugs Abuse Patients, HIV-Related Information, and Mental Health Records: The confidentiality of alcohol and drug abuse patients, HIV-related information, and mental health records maintained by us are specifically protected by the state and Federal law regulations. Generally, we may not disclose such information unless you consent in writing; disclosure is allowed by court order or in limited or regulated circumstances.

RIGHTS THAT YOU HAVE

Access to Your Personal Health Information: Generally, you have the right to access, inspect, and copy personal information that we maintain about you. Requests for access must be made in writing or be signed by you or your representative. We will charge you for a copy of your medical records in accordance with the schedule of fees established by applicable state law. You may obtain an access request form from the receptionist.

Amendments to Your Personal Health Information: You have the right to request that personal health information that we maintain about you is amended or corrected. We are not obligated to honor requested amendments but will give each request careful consideration. All amended requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of uncorrected record if we believe that such notification is necessary. Please note that even if we accept your request we may not delete any information already documented in your medical record. You may obtain an amendment request form from the receptionist.

Accounting for Disclosure of Your Personal Health Information: You have the right to receive an account of certain disclosures made by us of your personal health information after April 14, 2003 except for disclosures made for purposes of treatment, payment, health care operations, and certain other limited exceptions. Request must be made in writing and signed by you or your representative. Account request forms are available from Da Vinci Dental Specialists Billing Department. First account in any 12-month period is free; you will be charged a fee for each subsequent account you request within the same 12-month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost is incurred.

Restrictions on Use and Disclosure of Your Personal Health Information: You have the right to request restrictions on certain uses and disclosures of your personal health information for treatment, payment, or healthcare operations. For example, you may request that we not share your health information with a certain family member. A restriction request form can be obtained from a Da Vinci Dental Specialists General Manager, who may be contacted at 215-677-3904. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreement of restriction if we believe such termination is appropriate. In the event we have terminated an agreement of restriction, we will notify you of such termination.

Paper Copy of Notice: As a patient you retain the right to obtain paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

ADDITIONAL INFORMATION

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the Da Vinci Dental Specialists General Manager who may be contacted at 215-677-3904. You may file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

IF YOU HAVE ANY QUESTIONS OR NEED FURTHER ASSISTANCE REGARDING THIS NOTICE OF PRIVACY PRACTICES, YOU MAY CONTACT THE DA VINCI DENTAL SPECIALISTS GENERAL MANAGER AT (215) 677 3904