



## NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR CHILD'S HEALTH INFORMATION IS IMPORTANT TO US.

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### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your child's protected health information (sometimes referred to herein as "PHI"). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your child's protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect October 1, 2009 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. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all protected health information that we maintain, including protected health information we created or received before we made changes. Before we make 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.

### OUR COMMITMENT TO YOUR PRIVACY

We realize that the privacy laws are complicated, but we must provide you with the following important information:

How we may use and disclose your child's PHI.

Your child's privacy rights in their PHI.

Our obligations concerning the use and disclosure of your child's PHI.

### WE MAY DISCLOSE YOUR CHILD'S PROTECTED HEALTH INFORMATION, (PHI).

The following categorized describe the different ways in which we may use and disclose your child's PHI. The examples within each category are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our practice.

**Treatment** – Our practice may use your child's PHI to treat your child. For example, we may disclose your child's PHI as follows:

To order laboratory tests, (such as blood or urine tests), which we may use the results to help us reach a diagnosis.

To write a prescription, or we might disclose your child's PHI to a pharmacy when we order a prescription for your child.

To treat or assist others in the treatment of your child.

To inform you of potential options or alternatives or programs.

To others who you have given permission to bring your child to the office for treatment.

To other health care providers for purposes related to their treatment.

**Payments** – Our practice may use and disclose your child's PHI in order to bill and collect payment for the services and items provided by us for your child. For example, we may disclose your child's PHI as follows:

To contact your child's health insurer to certify that your child is eligible for benefits (and for what range of benefits), and we may provide your child's insurer with details regarding your child's treatment to determine if the insurer will cover, or pay for, your child's treatment.

To obtain payment from other third parties that may be responsible for such costs.

To bill you directly for services and items rendered.

To other health care providers and entities to assist in their billing and collection efforts.

**Health Care Operations**- Our practice may use and disclose your child's PHI to operate our business. As examples of the ways in which we may use and disclose your child's information for our operations include, but are not limited to the following:

To evaluate the quality of care your child received from us, to evaluate our employees' performance, or to conduct cost management and business planning activities for our practice.

To other health care providers and entities to assist in their health care operations under certain circumstances.

To contact you and remind you of your child's appointment.

#### USE AND DISCLOSURE OF YOUR CHILD'S PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe certain scenarios in which we may use or disclosure is permitted by law without your authorization or providing you with the opportunity to agree or object to such use or disclosure:

**Required by Law:** We may use or disclose your child's PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health Risks:** Our practice may disclose your child's PHI to public health authorities that are authorized by law to collect information for the purpose of:

Maintaining vital records, such as births and deaths.  
Reporting child abuse or neglect.  
Preventing or controlling disease, injury or disability.  
Notifying a person regarding potential exposure to a communicable disease.  
Notifying a person regarding a potential risk for spreading or contracting a disease or condition.  
Reporting reactions to drugs or problems with products or devices.  
Notifying individuals if a product or device they may be using has been recalled.

**Health Oversight Activities:** Our practice may disclose your child's PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance and civil rights laws and the health care system in general.

**Lawsuits and Similar Proceedings:** Our practice may use and disclose your child's PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your child's PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute under certain conditions.

**Law Enforcement:** We may release PHI if asked to do so by a law enforcement official: regarding a crime victim in certain situation, if we are unable to obtain the person's agreement; concerning a death we believe has resulted from criminal conduct; regarding criminal conduct at our office; in response to a warrant, summons, court order, subpoena or similar legal process; and limited information request to identify/locate a suspect, material witness fugitive or missing person.

**Deceased Patients:** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may release information as authorized by law in order for funeral directors to perform their jobs.

**Research:** Our practice may use and disclose your child's PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your child's PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: A. an adequate plan to protect the identifiers from improper use and disclosure; B. an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and C. adequate written assurances that (i) the PHI will not be reused or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without the access to and use of the PHI.

**Compliance:** We are required to disclose your child's PHI to the Secretary of The Department of Health and Human Services or his designee upon request to investigate our compliance with HIPPA or to you upon request.

**Right to Paper Copy of This Notice:** You are entitled to receive a paper copy of our Notice of privacy practices, even if you have agreed to accept this Notice electronically. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the practice's Privacy Officer or visit our website at [www.my1stdentist.com](http://www.my1stdentist.com).

#### ADDITIONAL INFORMATION: COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your child's privacy rights, or disagree with a decision we made about access to your child's protected health information or in response to a request you made to amend or restrict the use or disclosure of your child's protected health information, you may file a complaint to us using the contact information listed. 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 with the U.S. Department of Health and Human Services upon request.

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

**Privacy Officer:** Ashanti N. White, Operations Manager

**Holdbrook Pediatric Dental, LLC**

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