

## Patient Rights

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. A form will be provided to you for this request. We will charge you a reasonable cost-based fee for expenses such as copies, staff time, and postage.

**Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your health information for other than treatment, payment, healthcare operations, and certain other activities for at least six years, but not before 4/14/03.

**Restriction:** You have the right to request that we place additional restrictions on our use and disclosure of your health information. We are not required to agree to these additional restrictions, but if so, we will abide by our agreement (except in emergency).

**Amendment:** You have the right to request in writing that we amend your health information. We may deny your request in certain situations.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. This request must be in writing and spell out the means and/or locations.

## 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 may have violated your privacy rights, or you disagree with our decision concerning alternative means or locations or to your request made to amend or restrict the sharing of your health information, you may complain to us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will supply you with the address of the U.S. Department of Health and Human Services 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 with the U.S. Department of Health and Human Services.

## Contact Information

Carolyn Crowell, DMD  
Attention: Privacy Officer

36855 American Way, Suite C  
Avon, Ohio 44011

Phone: (440) 934-0149

Carolyn B. Crowell, D.M.D.

Charissa Katzan McCune  
D.D.S., M.S.D.

Maria E. Ramirez D.D.S.

## Notice of Privacy Practices

**Effective 10/15/2003**

**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.**

We are required by applicable federal and state law to maintain the privacy of your health information. We must follow the privacy practices that are described in this notice while it is 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.

You may request a copy of our Notice at any time. For more information about our privacy practices, please use the information listed at the end of this Notice.

## **Uses and Disclosures of Health Information**

We use and disclose health information about you for treatment, payment, and healthcare operations.

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider treating you.

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

**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 health 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.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant to the persons involvement in your healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up x-rays or other similar forms of health information.

**To 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 may do so.

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

**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, 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 or safety of others.

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