



This notice describes how medical information about you may be used and disclosed. It also describes how you can get access to this information. Please review it carefully. If you have any questions about this privacy notice, please contact the Manager.

WHO WILL FOLLOW THIS NOTICE

This notice describes our Clinic practices and that of:

- Any health care professional authorized to enter information into your medical record.
- Any employee of James C. Magestro, D.D.S., S.C. authorized access of your medical record.
- Any business associate of James C. Magestro, D.D.S., S.C.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. A medical record is created of the care and services you receive at James C. Magestro, D.D.S., S.C. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Clinic personnel.

This notice will tell you how we may use and disclose your medical information. It also describes your rights and certain obligations regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose your medical information. For each category, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment** – We may use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to physicians, dentists, nurses, technicians, medical/dental students and medical/dental residents who are involved in taking care of you. For example, different departments within James C. Magestro, D.D.S., S.C. may share medical information about you to coordinate the different things you need, such as prescriptions, lab tests, or x-rays. We also may disclose medical information about you to health care professionals outside of the Clinic who may be involved in your medical care, such as specialists we are referring you to.
- **For Payment** – We may use and disclose medical information about you so that the treatment and services you receive at James C. Magestro, D.D.S., S.C. may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan additional information about the services you received in order to receive payment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Appointment Reminders** – We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at James C. Magestro, D.D.S., S.C.
- **Treatment Alternatives** – We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health Related Benefits and Services** – We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment of Your Care** – We may release medical information about you to a family member or friend who is involved in your medical care. For example, your son or daughter accompanies you to your appointment with the physician. We may also give information to someone who helps pay for your care, such as power of attorney.

- **To Avert a Serious Threat to Health or Safety** – We may use and disclose medical information about you, when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.
- **Military and Veterans** – If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation** – We may release medical information about you for workers' compensation. This program provides benefits for work-related injuries or illnesses.
- **Public Health Risks** – We may disclose medical information about you for public health activities. These activities generally include:
 1. To prevent or control disease, injury, or disability;
 2. To report births and deaths;
 3. To report child or elderly abuse or neglect;
 4. To report reactions to medications or problems with products;
 5. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 6. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities** – We may disclose medical information to a health plan for performance of their health oversight activities. For example, your medical information may be disclosed if your health plan performs yearly audits to verify that patients with diabetes are getting their required lab tests done. We may also disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.
- **Lawsuits and Disputes** – If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement** – We may release medical information if asked to do so by a law enforcement official:
 1. In response to a court order, subpoena, warrant, summons, or similar process;
 2. To identify or locate a suspect, fugitive, material witness, or missing person;
 3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 4. About a death we believe may be the result of criminal conduct;
 5. About criminal conduct at the Clinic;
 6. In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Business Associates** – We provide some services through contracts with business associates. Examples include, but are not limited to, certain lab tests, radiology over-read of x-rays, and transcription services. When we use these services, we may disclose your medical information to the business associates so that they can perform the function(s) we have contracted with them and bill you or your insurance company for services rendered. To protect your medical information, however, we require the business associate to appropriately safeguard your information.
- **Coroners, Medical Examiners, and Funeral Directors** – We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information to funeral directors, as necessary, for them to carry out their duties.
- **Inmates** – If you are an inmate of a correctional institution or under custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with continued health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

- **National Security and Intelligence Activities** – We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy** – You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Manager. If you request a copy of the information, a charge will be assessed for the cost of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another health care professional, chosen by the Clinic, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend** – If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have to request an amendment for as long as the information is kept by or for the Clinic.

To request an amendment, your request must be made in writing and submitted to the Manager. In addition, you must provide a reason that supports your request.

We may deny your request for amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by or for the Clinic;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is not accurate and complete.

- **Right to an Accounting of Disclosures** – You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Manager. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (i.e., on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, a charge will be assessed to cover the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions** – You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. For example, you could ask that we do not use or disclose information about a physical examination and lab tests you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Manager. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply. For example, disclosure to your spouse.

- **Right to Request Confidential Communications** – You have the right to request that we communicate with you about medical matters in a certain way or a certain location. For example, you can ask that we only contact you at home or by mail.

To request confidential communications, you must make your request in writing to the Manager. We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of this Notice** – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, please ask the receptionist.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in the Clinic. The notice will contain the effective date. In addition, the first time you register in the Clinic following a change, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with the Clinic, contact the Manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or law that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may remove that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.



DR. JAMES C. MAGESTRO
ORTHODONTIST

PATIENT NAME: _____

Date: _____

PATIENT ACKNOWLEDGMENT OF PRIVACY NOTICE

I have had full opportunity to read and consider the contents of this consent as outlined in the Privacy Notice. I understand that, by signing this form, I am confirming my permission for the disclosure of protected health information.

Signature of Parent or Adult Patient

Account and/or Treatment information may also be given to:

(name/relationship to patient)

SIGNATURE ON FILE FOR INSURANCE PURPOSES

I request that payment of authorized benefits be made on insured's behalf to James C. Magestro, D.D.S. for services furnished to patient.

Signature: _____

PHOTO RELEASE AUTHORIZATION

I agree that the patient's picture be displayed on the office website, Facebook account and/or within the office if chosen to be a prize winner in any of our office contests. I understand that Magestro Orthodontics is not receiving compensation for the disclosure of this photo. I also understand that refusal to sign will in no way affect the patient's treatment.

Signature: _____

CHARGES FOR RECORDS (x-rays, photos, models, consultation)

This records charge is included in the treatment fee. However, should I decide not to begin orthodontic treatment, a separate records fee of \$295.00 is due.

Signature: _____