



NOTICE OF PRIVACY PRACTICES

Please review this notice carefully. It describes how health information about you/your child, as our patient, may be used and disclosed.

A. Our Commitment to your Privacy

We are committed to maintaining your privacy. We will create records of your health information and the treatment and services we provide to you. We are required by law to maintain your privacy and to notify you of your legal duties and privacy policies. We reserve the right to revise or amend this Notice of Privacy Practices—the revised or amended notice will apply to all records created in the past or future. We will post a copy of our current Notice in a visible location and you may request a copy of our current Notice at any time.

B. If you have any questions about this Notice, please contact:

Dr. Firouzeh Jamshidi, the Owner of Dream Smiles Pediatric Dentistry of Gaithersburg, 818 W Diamond Ave Suite 220, Gaithersburg, MD 20878. Phone (301) 327-1003.

C. We may use and disclose your individually identifiable health information (IIHI) in the following ways:

- a. Treatment: We may use and disclose your IIHI to treat you, by having laboratory work done to make a diagnosis, to order medication for you or to create prescribed dental treatment for you. People who work for our practice may use your IIHI to assist in your treatment.
b. Payment: We may use and disclose your IIHI in order to bill and collect payment for our services to you. We may contact your insurance company to check benefits or pre-certify a treatment. We may use and disclose your IIHI to bill you or your family members for our services.
c. Health Care Operations: We may use and disclose your IIHI to evaluate our quality of care or our business operations.
d. Appointment Reminders: We may use and disclose your IIHI to remind you of appointments.
e. Release of information to Family/Friends: We may release your IIHI to family or friends who are involved in your care (with your permission).
f. Disclosures Required by Law: We will use and disclose your IIHI when we are required to do so by the federal, state or local law.

D. Use and Disclosure of your IIHI in Special Circumstances

- a. Public Health: We may disclose your IIHI to public health authority for:
- Vital records-birth and deaths
- Reporting child abuse or domestic abuse (with the victim's permission)
- Preventing or controlling disease or injury (including communicable disease)
- Reporting reactions to drugs, problems with devices, or product recalls
b. Health Oversight Activities: These include investigations, inspections, audits, surveys; civil, administrative and criminal procedures and actions; other activities needed for compliance with government programs, civil rights law, etc...
c. Lawsuits and Similar Proceedings: We may use and disclose your IIHI as requested by a court, administrative or other lawful order. We will make an effort to inform you of the request.
d. Law Enforcement: We may release your IIHI if asked by a law enforcement official
- To investigate crime
- In response to a warrant, summons, court order, subpoena, etc.
e. Serious Threat to Health or Safety: of an individual or the public.
f. Military: We may disclose your IIHI if required by the appropriate authorities.
g. National Security: We may disclose your IIHI to federal officials authorized by law.
h. Workers' Compensation: We may release your IIHI for these programs.

E. Your rights regarding your Individual Identifiable Health Information (IIHI)

- a. Confidential. Communications: you have the right to request that we communicate with you about your health in a particular manner. Please make a written request to our Office Manager. We will accommodate reasonable requests.
b. Requesting Restrictions: you have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or healthcare operations, or to limit the individuals who get your information. We are not required to agree with your request. Please make your request in writing to our Office Manager, including:
- The information you wish restricted,
- Whether you are requesting to limit our practice's use and/or disclosure
- To whom you want the limits to apply
c. Inspection and Copies: you have the right to inspect and obtain a copy of the IIHI about you. Please send a written request to our Office Manager. We may charge a fee for our costs. If we deny your request, you may request a review of our denial (by another licensed health care professional).
d. Amendment: you may ask us to amend your IIHP if you believe it is incorrect or incomplete. Make the request in writing to our Office Manager. We may deny your request if we believe the information is accurate and complete or if the information is not part of the IIHI we keep.
e. Accounting of Disclosure: you have the right to request a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment or operations purposes. Make your request in writing to our Office Manager, starting a time period (less than six years after April 14, 2003). One list per year is free, we may charge for extra lists requested within a 12-months period.
f. Right to a Paper Copy of this Notice: please contact the Office Manager.
g. Right to File a Complaint: if you believe your privacy rights have been violated, you may file a complaint with our Office Manager or with the Secretary of Department of Health and Human Services. You will not be penalized for making a complaint.
h. Right to Provide Authorization for Other Uses and Disclosures: We will get your written authorization for uses and disclosures that are not identified by this Notice or permitted by law. Your authorization may be revoked at any time in writing.

Please note that by signing this consent, you are acknowledging that you have read this Notice of Privacy Practices and have provided consent to use your Individual Identifiable Health Information (IIHI) in the manner described herein.

Patient(s) Name

Parent or Guardian Signature

Date