

Jorge O Cordova Inc.

NOTICE OF PRIVACY PRACTICES

This notice explains how your health information may be used and disclosed, and how you can get access to this information. Please review it carefully, and be assured that the privacy of your health information is important to this office.

OUR LEGAL DUTY

Federal and state law requires this office to keep all medical records confidential. It also requires that we notify you, via this document, about our privacy practices, legal duties, and your rights concerning your personal medical information. This notice becomes effective as of April 14, 2003, and will remain in effect until which time new mandates may replace it. It is important that you sign this document as proof of receipt of notice of privacy practices. This notice is also on display in the waiting room of this office. Should you wish to obtain a copy of same, please notify the office manager to that effect. A copy will be furnished to you upon request. This notice may be revised or altered whenever required by law. New and updated copies of this notice are always available at the front desk upon patient request. Every new patient who joins our practice will also be issued a copy of the document to be signed and returned to the office, as well.

USES AND DISCLOSURES OF HEALTH INFORMATION

This office uses and discloses health information about you for reasons of treatment, payment, and healthcare operations ONLY. For example:

Treatment: We may use or disclose your health information to another physician and/or healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for treatments services provided to you. This information is necessary to gain payment from insurance companies and patient, etc.

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 activities.

Your Authorization: In addition to the uses described above, you also have the option of giving this office written authorization to use your health information or to disclose it to anyone for any purpose. Just as you may give us written authorization, you may also revoke that authorization in writing at any time. However, the revocation of permission will have no effect on any use or disclosure of information during the authorized time period. Please be advised: this is an option only. Without your written permission, this office is not permitted to use or disclose your health information for any reason other than those defined in this document by law.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this notice. If you grant written permission, we may also disclose your health information to members of your family and/or friends, or any other person at your request. However, this option is ONLY available to those who grant this office written permission to do so.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) 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 and available for comment, this office will notify you in advance of this disclosure in order to give you the opportunity to object to the use of this information for this purpose. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is pertinent to the situation. We will also exercise our professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

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

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.

National Security: We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose to authorized federal officials any health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

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

PATIENT RIGHTS

Access: You have the right to review or obtain copies of your health information, with limited exceptions. You have the right to request that copies be provided in a format other than photocopies if the format is practical and compliant. All requests for copies of health information must be made in writing. These copies will then be made available to you within two (2) to three (3) business days. There will be a fee of \$10 for copied paper records that contain less than fifteen (15) pages, and an additional \$0.75 per page for records with greater than fifteen (15) pages. Requests for copies of x-rays will be accommodated within five (5) to seven (7) business days at a cost of \$25 including copied paper records containing less than fifteen (15) pages, and an additional \$0.75 per page for records with greater than fifteen (15) pages. If your written request requires an alternate format for these records, additional charges will apply in order to accommodate your request for the alternate format. In addition, the above stated fees do not include the cost of postage. If you need copied records mailed to you, you must also include the cost of postage in addition to the above stated fees. If you prefer, a summary of health information can be compiled instead. Summaries are available for the cost of \$5 for the first page and \$0.50 for each additional page. Summaries do not include copies of x-rays. Health records will not be released without payment and written consent.

Disclosure Accounting: You have the right to receive a list of instances in which we, or our business associates disclosed your health information for purposes other than those listed above, dating back to the past six (6) years. However, if this accounting is requested more than one (1) time per calendar year, a fee of \$5 will apply to each additional request.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we approve of your proposal, we will abide by that agreement unless an emergency prevents us from doing so.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternate locations than we normally do. This request must be made in writing and must specify the alternative means and/or location, as well as provide this office with satisfactory explanation as to how further treatments (if any) and payments be handled under the alternative means and/or location that you request.

Amendment: You have the right to request that we amend your health information if necessary. This request must be made in writing and reflect the specific reasons for the request. We maintain the right to deny this request under certain circumstances.

Electronic Note: If you receive this notice on our website or by e-mail, you are also entitled to receive this document in written form, as well. Please notify the office of this request, and a written copy will be furnished to you, as soon as possible.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, or if you have any questions or concerns regarding same, please feel free to contact us.

If you are concerned that your privacy rights may have been violated, or if you disagree with a decision we made with regards to your health information or in response to a request you made to amend or restrict the use or disclosure of your records or to have us communicate with you via alternate means, you may complain to the U.S. Dept. of Health and Human Services, whose address this office will supply to you upon request.

We support your right to privacy regarding health information. No form of bias or retaliation will occur as a result of any complaint that you may have, either rendered to us, or to the U.S. Dept. of Health and Human Services.

Please feel free to address any questions or comments to the staff here at JC Dental, either in person, by telephone (973) 627-2121, fax (973) 627-2088, or mail: 272 Rt. 46 E., Rockaway, NJ 07866.