

# *Landmark Family Dental*

## *Kosha Shah, D.D.S.*

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### **Notice of Privacy Practices**

This notice describes how your medical information may be used, disclosed and how you may gain access to this information. Please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us, whether electronically, on paper, or orally, are kept confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we maintain the privacy of your health information and how we may use and disclose this information.

General Information: Dr. Kosha Shah and her staff are committed to maintaining the confidentiality of your Protected Health Information (PHI). A new federal law requires us to provide patients with a summary of our privacy practices and related legal duties, and your rights in connections with the use and disclosure of your PHI.

What is protected: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires Dr. Kosha Shah to have a special policy for safeguarding PHI received or created in the course of providing dental services to you through this office. Your prescriptions, lab tests, and information you provided on the patients health history forms are examples of PHI.

### **Uses and Disclosures of PHI**

- We use your PHI to provide you with safe cleanse whole treatment in light of your overall health. We may need to provide information to a Pharmacist or Dental Laboratory to facilitate your dental treatment.
- We may need to discuss your treatment with your Physicians and or Dentists with the possibility of referrals to various specialists depending on the conditions being treated.
- We may disclose your PHI to obtain payment for services (i.e. from insurance providers).
- PHI maybe disclosing connections with healthcare operations such as accreditation certification licensing for reviewing the combatants or qualification of healthcare providers as well as fraud and abuse detection and prevention purposes.

- PHI maybe shared with a family member, friend, or another person involved in your health care if you do not object to sharing the PHI in the event of an emergency.
- PHI maybe needed to identify workers compensation claim as provided within the Federal, State, and Local Laws.
- We may need to allow the Coroner, or Medical Examiner to identify you or determine your cause of death using PHI. In addition, PHI may need to be shared by military command authorities if you are or were a member of Armed Forces.
- We may use or disclose your health information (i.e. recall/ maintenance reminder) in a discreet fashion, to provide you with the appointment reminders, such as voice mail messages, emails, postcards or letters.

### **Your Rights as a Patient**

- The patient has the right to access his/ her health information including copies of x-rays within the statues of California State Law.
- The patient has a right to restrict the way PHI is provided to other staff, family members, or other persons from whom the patients would like an certain information to be kept confidential.
- The patient has the right to receive an accounting of disclosures of PHI, if this accounting is requested more than once in a 12 monthly period, a reasonable fee can be charged for such requests.
- Patient has the right to amend his or her PHI.
- The patient has a right to file a complaint with the Office Manager, or with United States Department of Health and Human Services. We take our complaints seriously.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practices from this office.

**Acknowledgement:** When first delivering this notice to you, Dr. Kosha Shah will ask that you please sign acknowledgment that you are provided a copy of this notice.