

Wolverine Cosmetic Dental

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Southfield, MI 48076

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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

Described as follows are the ways we may use and disclose health information that identifies you ("Health Information"). Except for the following purpose, we will use and disclose Health Information only with your written permission at any time by writing to our practice's privacy officer.

Treatment. We may use and disclose Health Information for your treatment and to provide you treatment-related health care service. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or third party for the treatment and services received. For example, we may give your health plan information so that they will pay for your treatments.

Health Care Operations. We may use and disclose Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the oral care you receive is of the highest quality. We also may share the information with other entities that have a

relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services. We may use and disclose Health Information to contact you and to remind you that you have an appointment with us. We may write or call you reminding you of an appointment. Unless you tell us otherwise, we will mail you an appointment card, and/or leave you a reminder message on your home answering machine, someone who answers your phone, or your voicemail.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclosure such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. We may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS

As Required By Law. We may use and disclose Health Information to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and public safety or the health and safety of the public or another person. Disclosures, however, will be made only to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as

specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to facilitate organ or tissue donation or transplantation.

Military and Veterans. If you are a member of the U.S. or foreign armed forces, we may release Health Information as required by military command authorities.

Workers Compensation. We may release Health Information for workers compensation or similar programs.

Public Health Risks. We may disclose Health Information for public activities. These activities generally include disclosures

to prevent or control disease, injury, or disability, report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recall products they may be using; inform a person who may have been exposed to a disease or condition; and report to 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 or when required or authorized by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigation, inspections, and licensure.

Lawsuits and Dispute. If you or someone else is involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is 1) in response to a court order, subpoena, warrant, summons, or similar process; 2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; 3) about the victim of a crime even, under very limited circumstances, we are able to obtain the person's agreement; 4) about a death

we believe may be the result of criminal conduct; 5) about criminal conduct on our premises; and 6) in an emergency to report a crime at the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Corners, Medical Examiners and funeral Directors. We may release Health Information to a corner or medical examiner. We also may release Health Information to funeral activities authorized by law.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Other. We may disclose Health Information to authorize federal officials so they may provide protection to the president, other authorized persons or foreign heads of state, or to conduct special investigations.

Inmates or Individual in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official

YOUR RIGHTS

You have the following rights regarding Health Information we have about you :

Right to Inspect and Copy. You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request in writing to Dr. Sahar Barbat.

Right to Amend. If you feel that Health Information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for our office. To request an amendment, you must make your request in writing to Dr. Sahar Barbat.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an amendment, you must make your request in writing to Dr. Sahar Barbat.

Right to Request restrictions. You have the right to request a restrictions or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on Health Information we disclose to someone involved in your care, like a family member or friend. For example, you could ask that we do not share information about a particular diagnosis or treatment with your spouse. To request an amendment, you must make your request in writing to Dr. Sahar Barbat. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or certain location. For example, you can ask that we contact you only by email or work. To request confidential communication, you must make your request, in writing to Dr. Sahar Barbat. Your request must specify accommodate reasonable requests.

By signing below, you:

- Acknowledge that you have been informed of the Privacy Practices and Patients Bill of Rights.
- Acknowledge that you have access to a copy of the document in the center.

Name of Patient (Please Print)

Signature of Patient or Personal Representative

Date

If Personal Representative's Signature appears above, Please describe relationship to the patient.