LIEBERMAN & JAIN ORTHODONTICS
Orthodontic Specialists for Children and Adults

DR. LAWRENCE LIEBERMAN, DDS, MSD
DR. PAYAL JAIN, BDS, DDS

ORTHODONTIC SPECIALISTS
FOR CHILDREN AND ADULTS
289 Market Street, Suite # 8, Saddle Brook, NJ 07663
BergenCountyBraces@gmail.com
www.BergenCountyBraces.com
P-201-843-7064 F-203-843-4709

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(Please fill, save, print and bring with you)

You May Refuse to Sign This Acknowledgement

I, _____ have received a copy of this office's Notice of Privacy Practice

Print Name:

Signature: _____

Date:

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices but acknowledgment could not be obtained because:

☐ Individual refused to sign

☐ Communication barrier prohibited obtaining the acknowledgement

☐ An emergency situation prevented us from obtaining acknowledgement

☐ Other: Please Specify:

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NOTICE OF PRIVACY PRACTICE

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

PLEASE REVIEW IT CAREFULLY
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 04/14/03 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain including health information we created and received before we made the changes. Before we make a significant change in our privacy practices we will change this Notice and make the new available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of this Notice please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURE OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use or disclose your health information to obtain payment for services we provide for you.

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 our uses of your health information for treatment, payment of healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted b your authorization while it was in effect. Unless you give us a written authorization we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to your as described in the Patient Rights section of this Notice. We may disclose your health information to a family member or friend of other person to the extent necessary to help with your healthcare or with payment for your healthcare but only if you agree that we may do so.

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

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 you 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 you health information to the extent necessary to avert a serious threat to your health and safety or the health of safety of others.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying of 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, then prior to use of disclosure health information we will provide you with an opportunity to object to such uses of disclosures. In the event of you incapacity or emergency circumstances we will disclose health information bases on a determination using professional judgment disclosing only health information that is directly relevant to the person's involvement in you healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of you best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

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National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized officials health information required for lawful intelligence, counterintelligence, and other nation security activities. We may disclose to correctional institution of law enforcement official having lawful custody of protected health information of inmate or patient 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 look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use that format you request unless we cannot practicably do so. (You must request in writing to obtain access to your health information) You may obtain a form to request access by using the contact information below listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request your records we will charge you a $200 fee. Contact us using the information listed at the end of the Notice for a full explanation of our fee structure.

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 treatment, payment, healthcare operations and certain other activities for the last 6 years but not before April 14, 2003. If you request this accounting more than once in a 12-month period we may charge a reasonable cost- based fee for responding to these additional requests.

Restrictions: 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 do we will abide by our agreement (except in an emergency.

Alternative Communication: You have the right to request that we communicate with you about you health information by alternative mean or to alternative locations. (You must make your request in writing) Your request must specify the alternative means or location and provide satisfactory explanation how payments will handled under the alternative means of location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our website or by electronic mail, email you are entitled to receive this Notice in a written form.

QUESTIONS OR COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or at alternative locations you may complain to us using the contact information listed at the end of this Notice. You may submit a written complain to the U.S. Department of Health and Human Services. We will provide you with an address to file your complain with the U.S. Department of Health and Human Services upon request.

We support your right to privacy of your health information. We will not retaliate in anyway if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact: Lieberman & Jain Orthodontics PC
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This form is educational only, does not constitute legal advice, and covers only federal law not state law. (August 14, 2002)