# **Baumwoll Orthodontics**

390 Route 10, Randolph, NJ · (973) 989-5100 · www.baumwollorthodontics.com

### **NOTICE OF PRIVACY PRACTICES**

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 described in this Notice while it is in effect.

This Notice takes effect April 14, 2003, 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, as permitted by law. Changes will apply to all health information we maintain, including information created or received before the change. Updated Notices will be made available upon request.

#### **USES AND DISCLOSURES OF HEALTH INFORMATION**

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

- Treatment: Sharing information with other healthcare providers involved in your care.
- Payment: Using your information to obtain payment for services provided.
- Healthcare Operations: Activities such as quality assessment, staff training, licensing, and credentialing.

### **PATIENT RIGHTS**

- Access: You may request to view or receive copies of your health information. Requests must be in writing. Reasonable, cost-based fees may apply.
- **Disclosure Accounting:** You may request a list of disclosures made for purposes other than treatment, payment, or operations.
- **Restrictions:** You may request restrictions on how we use or disclose your information. We are not required to agree but will comply if we do.
- Alternative Communication: You may request communication through alternative means or locations. Requests must be in writing.
- Amendment: You may request corrections to your health information. Requests must be in writing and include a reason.
- **Electronic Notice:** If you received this Notice electronically, you may request a paper copy.

#### ADDITIONAL USES AND DISCLOSURES

- **With Authorization:** We will not use or disclose your information for purposes not described in this Notice without your written authorization.
- **To Family and Friends:** With your permission, we may share information with individuals involved in your care.
- **In Emergencies:** We may use professional judgment to disclose relevant information in emergency situations.
- Marketing: We will not use your information for marketing without your written authorization.
- Required by Law: We may disclose information as required by law.
- Abuse or Neglect: We may report suspected abuse, neglect, or domestic violence.
- **National Security:** We may disclose information to authorized federal officials for national security purposes.
- **Appointment Reminders:** We may contact you with appointment reminders via phone, mail, or electronic means.

## **QUESTIONS AND COMPLAINTS**

If you have questions or concerns about our privacy practices, please contact us at the number above. You may also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

## **SMS DISCLOSURE**

By providing a telephone number and submitting this form, you consent to receive SMS text messages from Baumwoll Orthodontics about our services. Message frequency may vary. Message and data rates may apply. Reply **STOP** to opt out of further messaging and **HELP** for assistance or call (973) 989-5100. Please see our Privacy Policy.