



**PF-1000**

## **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.**

**We are required by law** to maintain the privacy of your health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

### **I. Uses and Disclosures**

**Treatment:** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment.

**Payment:** Your health information may be used to seek payment from your health plan, from other sources of coverage (such as an automobile insurer) or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided and the medical condition being treated.

**Health care operations:** Your health information may be used as necessary to support the day-to-day activities and management of Dr. Bitz Orthodontic Group. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law enforcement:** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public health reporting:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state Public Health Department.

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information you may submit a written revocation of the authorization. Your decision to revoke the authorization, however, will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your previous authorization.

### **II. Additional Uses of Information**

**Appointment reminders:** Your health information will be used by our office staff to send you appointment reminders.

**Information about treatments:** Your health information may be used to send you information that we may find important regarding your treatment and management of your condition. We may also send you information describing other health-related products and services that we believe may interest you.

### **III. Individual Rights**

You have certain rights under the federal privacy standards. These include:

- The right to request restriction on the use and disclosures of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed to

- The right to receive a printed copy of this notice.

#### **IV. Right to Revise Privacy Practices**

**As Permitted by Law** we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

#### **V. Request to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting **Dr. Bitá Orthodontic Group**. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny request.

#### **VI. Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

**Dr. Bitá Orthodontic Group**  
**5363 Balboa Blvd. Suite 330**  
**Encino, CA 91316**  
**(818) 981-0640**

#### **VII. Contact Person**

If you believe that your privacy rights have been violated, you should bring this matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filling a complaint. The name and address of the person you can contact for further information concerning our privacy practice is:

**Dr. Bitá Orthodontic Group**  
**5363 Balboa Blvd. Suite 330**  
**Encino, CA 91316**  
**(818) 981-0640**

This notice is effective on or after August 20, 2016.

---

#### **Acknowledgment of Receipt of Notice of Privacy Practice**

I have received a copy of the Notice of Privacy Practice for Dr. Bitá Orthodontic Group.



Name of Patient (Print)



Date



Signature of Patient or Responsible Party



Relationship to Patient