

Abuse or Neglect

We may disclose your 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 your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.

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 the format requested unless we cannot practicably do so. You must make this request in writing.

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 fee.

Restriction

You have the right to request that we place additional restriction 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 your health information by alternative means 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 be handled under the alternative means or location you request.

Amendment

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

Questions and Complaints

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

Contact- Jamie Moten

Telephone- (828) 324-9800

If you are concerned that we 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 or disclosure of your health information or to have us communicate with you by an alternative means or at alternative locations, you may complain to us and also submit a written complaint to the **US Department of Health and Human Services**.

Dr. Michael C. Cordora, DDS PLLC



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.

Michael C. Cordora, DDS

**236 Ninth Ave Drive NE
Hickory, NC 28601
Phone: (828) 324-9800
Fax: (828) 324-9890
www.cordoradental.com**

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 practice that are 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, provided such changes are permitted by applicable law. We reserve the right to make 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 or 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 notice available upon request.

Uses and Disclosures of health information

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

Treatment

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

Payment

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

Healthcare Operations

We may use and disclose your health information in connection with our healthcare operations. This includes quality assessment and improvement activities, reviewing the competence or qualifications of accreditation, certification, licensing, or credentialing activities.

Your Authorization

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization; you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us 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 information to **you**. We may disclose your health information to a family member, friend, or other person to the extent necessary to help you with your healthcare or with payment for your healthcare, but only if you agree that we may do so in writing.

Persons involved in care

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

Marketing 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.

Receipt of Privacy Practices and Release of Information

Patient Name _____ Phone # _____

Address _____ Date of Birth _____

I, or my authorized representative, give consent for Michael C. Cordora DDS, PLLC to release any or all of my personal health information as it relates to my health care, treatment options, and/or payment to those marked below.

___ Leaving message on answering machine

___ Spouse Name _____

___ Insurance Company

___ Other person or organization (such as parent if 18 yrs old and living at home):

Name _____ Phone # _____

Address _____

Relation to you _____

I understand I can revoke this authorization at any time and it must be submitted in writing.

Acknowledgment of Receipt of Notice of Privacy Practices

My signature below is my acknowledgment of receiving a copy of the Notice of Privacy Practices for the office of Michael C. Cordora DDS, PLLC.

Print Name _____

Signature of Patient/Parent _____ Date _____