

AL-SHIFA DENTISTRY P.A.
763 559 3400

Notice of Privacy.

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

The Health Insurance Portability & Accountability Act of 1996(HIPPA) is a federal program that all medical records and other individually identifiable health information used or disclosed by in any form, whether electronically, on paper or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPPA" provides penalties for covered entities that misuse personal information.

As required by "HIPPA", we have prepared this explanation of how we are required to maintain the privacy of your health care operations.

- Treatment means providing, coordinating or managing health care and related services by one or more health care provider. An example of this would include teeth cleaning services.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information. We may contact you to provide appointment reminders or information about treatment alternatives to other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Contract Officer:

- The right to request restrictions on certain issues and disclosures of protected health information, including those related to disclosure to family member, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to request restrictions. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations
- The right to inspect and copy your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy procedures with respect to protected health information.

This notice is effective as of August 1, 2009 and we are required to abide by the terms of the Notice of Privacy Practice currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel your privacy protections have been violated. You have the right to file a written complaint with your office, or with the Dept. of Health & Human Services, Office of Civil Rights about your violations of the provisions of this notice or policies and procedures of our office. We will not retaliate against you for filing a complaint.

Privacy Contact Officer: Nasir Latif DDS

Address: 12936 63rd Ave N, Maple Grove MN 55369

Signature

Date