

## 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.  
EFFECTIVE DATE: 6/15/2015

# THOMAS S. MELANSON, DDS

## FAMILY DENTISTRY

**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.

**Serious Threat or Health or Safety:** 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.

**Military and Veteran Activities:** We may use and disclose your health information if you are a member of the armed forces or separated/discharged from military services as required by military command authorities or the Department of Veteran Affairs as may be applicable. Furthermore, we may use and disclose health information about foreign military personnel to the appropriate foreign military authorities.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

**Clinical Photos:** Photos may be used for insurance claims and, marketing, patient education, and case presentation. At no time will your name, identification, or other health information be published in print or over the World Wide Web without written consent.

### PATIENT RIGHTS

**Access:** You have the right to inspect and copy your health information. We are entitled to charge you a reasonable fee related to the cost of copying your records. We may deny your request to inspect and copy your health information under certain circumstances. If you are denied access to your health information in limited circumstances, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and denial. We will comply with the outcome of the review.

**Disclosure Accounting:** You have the right to receive an accounting of disclosures of your health information other than to carry out treatment, payment, healthcare operations and certain other activities, for the last 6 years. If you request an accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request restrictions on the use and disclosure of your health information. We are not required to agree to these restriction if it is not feasible for us to do so or if we believe that it would negatively impact your care. If we do comply with your request, we may not use or disclose your health information in violation of such restriction except if you are in need of emergency treatment and the information is necessary for such treatment. Furthermore, if this restricted information is disclosed, we will request that the health care provider not further use or disclose the information.

**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 it must explain why the information should be amended.) We may deny your request if the health information that is the subject of the request: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the health information kept by or for us; (c) would not be available for you to inspect and copy; or (d) is accurate and complete.

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice.

### QUESTIONS AND CONCERNS

If you want more information about our privacy practices or have questions or concerns, please contact the Privacy Officer listed below.

If you are concerned that we may have violated your privacy rights, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. We will provide you with the contact information to file your complaint with the U.S. Department of Health and Human Services upon request.

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

Privacy Officer: Thomas S Melanson DDS

Telephone: (410) 329-2118

E-Mail: Drtom@thomasmelansondds.com

Address 108 Mt. Carmel Rd. Parkton, MD 21120

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