Notice of Privacy Practices

This notice describes how your child's health information may be used and disclosed and how you can access this information. Please review it carefully.

At the office of Martin Sinai Rayman, D.D.S., we have always kept your child's health information secure and confidential. A new law requires us to continue maintaining your child's privacy, to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your child's health information to those involved in his/her treatment. For example, a review of your file by a specialist doctor whom we may involve in their care.

We may use or disclose your child's health information for payment of our services. For example, we may send a report of your child's progress to your insurance company.

We may use or disclose your child's health information for our normal health care operations. For example, one of our staff will enter you and your child's information into our computer.

We may share your child's medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may use your child's information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your child's appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your child's health information to a family member or another person responsible for your child's care.

We may release some or all of your child's health information when required by law.

If this practice is sold, your child's information will become the property of the new owner.

Except as described above, this practice will not use or disclose your child's health information without your prior written authorization.

You may request in writing that we not use or disclose your child's health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your child's health information beyond the above normal uses.

As we will need to contact you and your child from time to time, we will use whatever address or telephone number you prefer.

You have the right to transfer copies of your child's health information to another practice. We will mail your child's files for you.

You have the right to see and receive a copy of your child's health information, with few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your child's records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your child's health information. Give us your request to make changes in writing. If you wish to include a statement in your child's file, please give it to us in writing. We may or may not make the changes you request, but we will be happy to include your statement in your child's file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have the right to receive a copy of this notice.

You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, D.C. 20201. You will not be retaliated against for filing a complaint.

However, before filing a complaint, or for more information or assistance regarding your child's health information privacy, please contact our Privacy Officer, Dr. Martin Rayman at 415-459-1444.

This notice goes into effect as of April 9, 2003.

Acknowledgement

I have received a copy of the Martin Sinai Rayman, D.D.S.' Notice of Privacy Practices.

You may refuse to sign this acknowledgement.

Signed_____ Print Name_____

Please note the name of the patient_____ Date_____