

STATEMENT OF PRIVACY PRACTICES

The practice of Arthur M. Strauss, D.D.S., heretofore referred to AMSDDS, is dedicated to protect the privacy rights of our patients and the confidential information entrusted to it. The commitment of AMSDDS is to ensure that your health information is never compromised. AMSDDS may, from time to time, amend these privacy policies and practices but will always inform you of any changes that might affect your rights.

Protecting Your Personal Healthcare Information

AMSDDS uses and discloses information collected from you only as allowed by the Health Insurance Portability and Accountability Act (HIPAA) and the state of Virginia. This includes issues relating to your treatment, payment, and your dental care operations. Your personal health information will never be otherwise given to anyone – even family members – without your written consent. You, of course, may give written authorization for disclosure of your information to anyone you choose, for any purpose.

The office of AMSDDS is secure from unauthorized access. Training has been accomplished to make certain that the confidentiality of your records is always protected. These privacy policy and practices apply to all former, current, and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

Collecting Protected Health Information

AMSDDS will only request personal information needed to provide its standard of quality dental care, implement payment activities, conduct normal dental practice operations, and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment data, medical history, health records, etc. While most of the information will be collected from you, AMSDDS may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

Disclosure of your Protected Health Information

As stated above, information may be disclosed as required by law. AMSDDS can be obligated to provide information to law enforcement and governmental officials under certain circumstances. Your information will not be used for marketing purposes without your written consent.

Minimal health information may be used to communicate reminders about your appointments including voicemail messages, answering machines, and e-mail.

Patient Rights

You have a right to request copies of your healthcare information; to request copies in a variety of formats; and to request a list of instances in which AMSDDS, or its business associates, have disclosed your protected information for uses other than stated above. All such requests must be in writing. There will be charge for your copies in an amount allowed by law. If you believe your rights have been violated, please notify us immediately. You can also notify the U.S. Department of Health and Human Services.

Thank you for being a patient of Arthur M. Strauss, D.D.S. Any questions concerning your privacy rights and the protection of your personal health information will be appreciated.

Arthur M. Strauss, D.D.S.