

NATHAN SHAPIRO, D.D.S., P.C.

Notice of Privacy Policies

(Required by Federal Law)

A). The confidentiality of your health information is very important to us. We will only share health information under the following conditions:

- 1) To other healthcare providers.
- 2) To your insurance company.
- 3) To you in the form of appointment reminders, by postcard or by phone. We will leave messages on your voicemail.
- 4) To a family member legally responsible for your care.
- 5) To report abuse, neglect or domestic violence.
- 6) As required by Federal or State laws.
- 7) To military or intelligence agencies, under the Homeland Security Act, or any other state or federal law.

B). We will not share information under the following conditions, unless you agree in writing:

- 1) Family member not responsible for your care.
- 2) Survey organizations.
- 3) Marketing agencies.
- 4) Anyone you specify, except as noted in paragraph A.

Your Rights:

- 1) To receive copies of your chart and health information after a written request by you. There may be a nominal charge.
- 2) To request (in writing) modification of your health history indicating the reason.
- 3) To request (in writing) alternate means of confirming your appointment. We are not required to agree to those changes.

If you would like more information about the Federal Health Information Act, please contact:

The US Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

We will ask that you sign and date your acknowledgement and receipt of these privacy policies when you visit our office. This only needs to be done one time, not for each visit. You have the right to decline signing.

Thank you.