



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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US. PLEASE REVIEW IT CAREFULLY!

- Purpose.** Center for Early Orthodontic Treatment (CEOT) follows the privacy practices described in this Notice. We are required by applicable federal and state law to maintain the privacy of your health information. We keep your health information in records that will be maintained in a confidential manner, as required by law. However, we must use and disclose your health information as necessary for treatment, payment, and healthcare operations. This Notice takes effect April 14, 2003 and will remain in effect until we replace it.
- What are Treatment, Payment and Health Care Operations?** Treatment includes sharing information among health care providers involved in your care. We may use your health information as required by your insurance company to obtain payment for your treatment. We may also use and disclose your health information to improve the quality of care (healthcare operations), e.g., for review and training purposes.
- How Will CEOT Use My Health Information?** Your health information may be used for the following purposes:
 - Family members or close friends involved in your care or payment for your treatment.
 - We contract with outside organizations, called business associates, to perform some of our operational tasks on our behalf. Example: billing agencies. We disclose the necessary health information to these companies, however, we require the business associate to appropriately safeguard your information.
 - Appointment reminders (voicemail messages, postcards or letters).
 - As required by law. We will disclose your health information when we are required to do so by federal, state, or local law.
 - Public health activities, including disease prevention, injury, or disability; reporting child abuse or neglect; reporting reactions to medications or product problems; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.
 - Health oversight activities, e.g., audits, investigations, and licensure.
 - Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order.
 - Coroners, medical examiners, and funeral directors.
 - Certain research projects.
 - National security and intelligence activities.
 - To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
 - Inmates. Health information about inmates of correctional institutions may be released to the institution.
- Your Authorization Is Required For Other Disclosures.** Except as described above in this Notice, we will not use or disclose your health information unless you authorize CEOT in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.
- You Have Rights Regarding Your Health Information.**
 - Right to request restriction.** You may request limitations on your health information we use or disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
 - Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
 - Right to inspect and copy.** You have the right to inspect and copy your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. Upon written request and reasonable notice, you may request access and/or copies by using the contact information at the end of this Notice. We will charge you a fee for expenses such as copying and staff time. If you request copies, the charge is 25 cents per page in addition to the 25 dollars per hour to locate and copy.
 - Right to request amendment.** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment. Your request must be in writing and it must explain why the information must be amended. We are not required to accept the amendment.
 - Right to accounting of disclosures.** You may request a list of the disclosures of your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last six (6) years, but not prior to April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee for these additional requests.
 - Right to a copy of this Notice.** You may request a copy of this Notice at any time. For additional copies of this Notice, please contact us using the information at the end of this Notice.
- Requirements Regarding This Notice.** CEOT is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. These changes will be effective for health information we have about you as well as any information we receive in the future.
- Complaints.** If you believe that your privacy rights have been violated, you may file a complaint with Braces 4U or with the Secretary of the US Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or retaliated against in any way for making a complaint to Braces 4U or the US Department of Health and Human Services.
- Acknowledgement of Receipt of this Notice.** We request that you sign a separate form or notice acknowledging that you have received a copy of this Notice. If you do not sign it, a staff member will record this fact. This acknowledgement will be filed with your records.

Please call Dr. Yuliya Pinskaya at: (317) 672-3530; Fax: (317) 672-3532
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