

Inspections and Copies: the right to inspect and obtain paper or electronic copies of the medical information that may be used to make decisions about you, including medical records, billing records, but not including psychotherapy notes. In order to inspect or obtain records, you must submit the request in writing to the address on the back of this brochure. If you would like an electronic copy of your health information, we will provide you with a copy in the form and format as requested as long as we can readily produce such information in the form requested. Otherwise, we will cooperate with you to provide a readable electronic form and format as agreed.

Amendment: the right to ask us to amend your medical information if you believe it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our organization. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request and the reason for your request in writing to the address on the back of this brochure. Also, we may deny the request if you ask us to amend information that is accurate and complete; not part of the information kept by our organization; not part of the information you are permitted to inspect and copy; not created by our organization, unless the individual or entity that created the information is not available to amend the information.

Accounting of Disclosure: the right to request an accounting of disclosures made of your medical information to entities with which you do not have an established relationship. In order to obtain an accounting, you must submit your request in writing to the address on the back of this brochure. All requests may not be longer than 6 years and may not include dates prior to October 16, 2003. The first request in a 12 month period is free of charge. You may be charged for any additional lists requested in a 12 month period.

Right to File a Complaint: if you believe your rights have been violated, you may file a complaint with our organization or with the secretary of the Department of Health & Human Services. You will not be penalized for filing the complaint. All complaints must be submitted in writing at the address below.

Right to Provide an Authorization of Other Uses and Disclosures: our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law, such as the use and disclosure of HIV/AIDS, sexually transmitted diseases, genetic information, mental or behavioral health, and drug/alcohol abuse. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for reasons described on the authorization. Of course, we will not be able to take back any disclosures that we have already made with your permission.

Right to Paper Copy of This Notice: you are entitled to receive this paper copy of this notice. You will be asked to sign an acknowledgment proving this receipt of this Notice of Privacy Practices. A more detailed notice that contains examples is available upon request at the office listed below.

Right to Request Email Communication: you may request that we communicate with you via email. You may be asked to provide your email address for the sole purpose of sending you information about events, educational seminars, reminders about your questionnaire, etc. If you wish to not receive information from us via email you may decline to provide your email address. You may also ask to have your email address removed from our mailing list at any time by contacting our office.

If you have any questions regarding this notice, your privacy rights, or our privacy policies please contact:

Georgetown Orthodontics
(202) 333-2200

Patient Privacy Rights Notification

