

David Andros, D.D.S.

Notice of Privacy Practices SUMMARY

At Dr. David Andros' office, we are committed to protecting the privacy of your medical/dental information, as federal and state laws require. When we say "Information" we mean health, treatment or payment information that identifies you. THIS SUMMARY IS NOT A COMPLETE LISTING OF HOW WE USE AND SHARE YOUR HEALTH INFORMATION. Pittsburgh Dental Associates has the right to change this Summary without first notifying you.

HOW DR. ANDROS MAY USE AND SHARE YOUR HEALTH INFORMATION

Without your consent, Dr. Andros can use and share your health information to:

- Provide you with dental treatment and other services
- Receive payment from you, an insurance company or someone else for services we provide you
- Operate Dr. Andros' office, which includes such things as giving you appointment reminders, telling you about other treatment options and contacting you for certain marketing activities.
- Comply with the law
- Meet special situations such as public health, safety and research.

Exception: This does not include behavioral health, drug and alcohol and AIDS/HIV information.

With your verbal agreement, Dr. Andros can:

- Share your dental information with the family and friends you agree can have this information.

ALL OTHER USES AND SHARING OF YOUR DENTAL INFORMATION WILL BE DONE ONLY WITH YOUR SPECIFIC WRITTEN PERMISSION OR AS REQUIRED BY LAW.

YOUR LEGAL RIGHTS ABOUT YOUR HEALTH INFORMATION

- RIGHT to ask to see and copy your dental record
- RIGHT to ask that incorrect or complete information in your dental record be corrected
- RIGHT to ask for a list of all parties with whom we have shared your health information. This does not include dental information we shared, 1) if we had your written permission to share the information and 2) to carry out treatment, payment and health care operations.
- RIGHT to ask Dr. Andros to limit how we use and share your dental information without your consent. Dr. Andros is not required to agree to your request.
- RIGHT to ask for confidential communications.
- RIGHT to ask for a paper copy of the Notice of Privacy Practices

VIOLATION OF PRIVACY RIGHTS

If you believe your privacy rights have been violated, you have a right to file a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have received the attached Privacy Notice.

Patient name printed: _____

Patient or Personal Representative Signature

Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient:
