



NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION: PLEASE REVIEW THIS CAREFULLY.

TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

The provider may use your protected health information (PHI) for purpose of providing treatment, obtaining payment for treatment, and conducting health care operations. Disclosures of your protected health information for the purpose described in the notice may be in writing, orally, or by facsimile.

We will use and disclose your protected health information to provide, coordinate, or manage your dental health care with a third party for treatment purposes for example, we may disclose your PHI to a pharmacy to fulfill a prescription. We may also disclose PHI to other physicians who may be treating you or consulting with your physician with respect to your care.

Your PHI will be used, as needed, to obtain payment for services that we provide. This may include communication to your dental insurance to get approval for the treatment we recommend.

We may use or disclose your PHI as necessary, for our own health care operations in order to facilitate the function of the provider and to provide quality care to all patients. Health care operations include such activities as:

- Internal quality assurance
- Employee review activities
- Review and auditing: including compliance reviews, legal services and maintaining compliance program.
- Training programs to include trainees, students or practitioners under supervision.
- Business management and general administrative activity.

As part of treatment, payment, and health care operation, we may also use or disclose you PHI for the following purposes:

- To inform you of health related benefits or services that may be of interest to you
- To inform you of potential treatment options or alternatives.
- To remind you of appointments.

We may call or write you of scheduled appointments, or that it is time to make an appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder post card, and/or leave you a reminder message on your home answering machine, cell phone voicemail, or with someone who answers your phone if you are not home or available at work.

You have the right to express complaints to the provider and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may not be retaliated against in any way for filing a complaint.

Abbey Horwitz, D.D.S.
Darren Dorfman D.D.S.
2142 Great Neck Square S/C
Virginia Beach, VA 23454
Attn: Marci Horton

The privacy and security officer, Marci Horton can be contacted by telephone at 757-481-3699

This notice is effective May 1, 2015