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DEAR PATIENT,

EFFECTIVE APRIL 14TH, 2003, ALL HEALTH CARE FACILITIES AND PHYSICIANS SHALL BE REQUIRED TO COMPLY WITH THE NEW FEDERAL (HIPPA-HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT) LAWS CONCERNING HOW YOUR NEW FEDERAL (HIPPA-HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT) LAWS CONCERNING HOW YOUR HEALTH INFORMATION IS SHARED, STORED AND UTILIZED. YOUR PRIVACY IS VERY IMPORTANT TO US. PLEASE READ THE ENCLOSED PRIVACY POLICY TO SEE WHAT WE ARE DOING TO PROTECT IT.

NOTICE OF PRIVACY PRACTICE

WE WILL KEEP YOUR HEALTH INFORMATION CONFIDENTIAL, USING IT ONLY FOR THE FOLLOWING PURPOSES:

TREATMENT: YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED TO DISCLOSE TO OTHER PHYSICIANS, REFERRING DENTISTS, DENTAL LABORATORIES, PHARMACIES OR OTHER HEALTH CARE PROFESSIONALS INFORMATION IN EVALUATING AND PROVIDING YOU PROPER TREATMENT.

PAYMENT: YOUR PHI MAY BE USED TO SEEK PAYMENT FOR SERVICES WE RENDERED TO YOU FROM INSURANCE COMPANIES, CLAIMS FILED ELECTRONICALLY, OR PARTIES RESPONSIBLE FOR PAYMENT.

HEALTH CARE OPERATIONS: YOUR PHI MAY BE USED DURING EVALUATIONS OF OUR STAFF, LICENSE RECREDENTIALING, CERTIFICATION, APPOINTMENT REMINDERS SUCH AS POSTCARDS, TELEPHONE COMMUNICATION, AUDITS BY INSURANCE COMPANIES, OR RELATED AGENCIES FOR QUALITY ASSURANCE AND COMPLIANCE REVIEWS.

ABUSE OR NEGLECT: WE MAY NOTIFY PROPER AUTHORITIES IF WE BELIEVE YOU ARE A VICTIM OF VIOLENCE, ABUSE OR NEGLECT AS REQUIRED BY LAW.

PUBLIC HEALTH/NATIONAL SECURITY: WE MAY DISCLOSE YOUR PHI FOR PATIENT SAFETY TO REPORT PROBLEMS WITH PRODUCTS, MEDICATIONS, DISEASE/INFECTION EXPOSURE, INJURY OR DISABILITY.

REQUIRED BY LAW: WE MAY USE YOUR PHI WHEN REQUIRED BY STATE AND FEDERAL LAW.

FAMILY, FRIEND AND CAREGIVERS: WE MAY USE YOUR PHI WITH THOSE YOU TELL US WILL BE HELPING YOU WITH YOUR HOMECARE, TREATMENT, MEDICATIONS, OR PAYMENT.

PATIENTS RIGHTS

THIS DESCRIBES YOUR RIGHTS TO YOUR HEALTH INFORMATION:

RESTRICTIONS: YOU HAVE THE RIGHT TO REQUEST RESTRICTIONS AND DISCLOSURES OF YOUR HEALTH INFORMATION. OUR OFFICE WILL MAKE EVERY EFFORT TO HONOR REASONABLE RESTRICTIONS.

CONFIDENTIAL COMMUNICATIONS: YOU HAVE THE RIGHT TO REQUEST THAT WE COMMUNICATE WITH YOU YOUR PHI PRIVATELY IN PERSON, PHONE, AND BY VIA MAIL.

INSPECT AND COPY YOUR HEALTH INFORMATION: YOU HAVE THE RIGHT TO READ, REVIEW, AND COPY YOUR HEALTH INFORMATION. PLEASE NOTE THAT WE MAY CHARGE YOU A REASONABLE FEE TO DUPLICATE YOUR RECORDS.

AMENDMENT: YOU HAVE THE RIGHT TO UPDATE/AMEND YOUR HEALTH CARE INFORMATION IF YOU FEEL IT IS INACCURATE. YOUR REQUEST MUST BE IN WRITING AND MUST INCLUDE AN EXPLANATION OF WHY AN AMENDMENT IS NEEDED. UNDER CERTAIN CIRCUMSTANCES, YOUR REQUEST MAY BE DENIED.

IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, YOU SHOULD CALL THIS MATTER TO THE ATTENTION OF OUR PRIVACY OFFICER IN WRITING.