ANDREA H. FOLATKO, D.D.S., INC.

444 GRAHAM RD, CUYAHOGA FALLS, OH 44221

PHONE 330-923-9944, FAX 330-923-4949

NOTICE OF PRIVACY PRACTICES

We support your right to the privacy of your health information. We are required by applicable federal and state law to maintain the privacy of your health information, and to provide you this notice about our privacy practices, our legal duties and your rights concerning your health information.

We reserve the right to make the changes in our privacy practices and the terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time.

Uses and disclosures of health information:

This notice allows us to use and disclose health information about you or your minor child if you are a parent or guardian, as necessary, for treatment, payment and healthcare operations. We will limit the release of information necessary to assist in the specific need, for example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider who is providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare operations: We may use and disclose your health information in connection with our healthcare operations, but will limit disclosure to the specific information needed such as the use in coordination of treatment.

Persons involved in care: In the event of your incapacity or in emergency circumstances, we will disclose health information based on a determination using our professional judgment that is directly relevant to the person's involvement in your healthcare or identification. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up x-rays or other health information.

Marketing: We will not use your health information for marketing communications.

Abuse or neglect: We are required to disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Contact modes: We will use voicemail messages or answering machine messages, e-mails or faxes if we cannot reach you personally. If we cannot speak with you directly, we will limit the information divulged as much as possible, except in matters of medical necessity.

Patient rights:

Access: You have the right to look at or get copies of your health information, with limited exceptions. If you request copies, we have the right to charge you per page, according to the limits set by state law. We may charge you a reasonable cost-based fee for expenses such as copies and staff time.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergency situations).

Amendments: Health information should be amended as necessary. You should advise us when changes in your health occur.

Questions and complaints: If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your health information, you may complain to us, or may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

HIPAA

Health Insurance Portability and Accountability Act

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICE NOTICE

You may refuse to sign this acknowledgement.

I, _____, have read a copy of this office's Notice of Privacy Practices.
(Please Print Patient Name)

_____ _____
(Patient/Legal Guardian Signature) (Date)

ANDREA H. FOLATKO, D.D.S., INC.
444 Graham Rd., Cuyahoga Falls, Ohio 44221 Phone 330-923-9944, Fax 330-923-4949