Katranji & Nemeth Periodontics

Amar Katranji DDS, MS
NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: January 1, 2020

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

UNDERSTANDING YOUR HEALTH RECORD / INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information—often referred to as your health or medical record—serves as a:

• Basis for planning your care and treatment
• Means of communication among the many health professionals who contribute to your care
• Legal document describing the care you received
• Means by which you or a third-party payer can verify that services billed were actually provided
• Tool in educating health professionals
• Source of information for medical research
• Source of information for public health officials
• Tool to assess and continually work to improve the care rendered

Understanding what is in your record and how your health information is used helps you ensure its accuracy, better understand who, what, when, where, and why others may access your information, and helps you make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to that information. You have the right to:

1. Receive a copy of this Notice of Privacy Practices

Provided to you upon enrollment or upon request.

2. Request restrictions on our uses and disclosures of your protected health information

For treatment, payment, and healthcare operations.
This includes your right to request that we not disclose your health information to a health plan for payment or health care operations if you have paid in full and out of pocket for the services provided.
We reserve the right not to agree to a given requested restriction.

3. Request to receive communications of protected health information in confidence.

4. Inspect and obtain a copy of the protected health information

Contained in your medical and billing records and in any other practice records used by us to make decisions about you.
If we maintain your electronic health records, you may also obtain a copy or forward a copy of your electronic health record to a third party.
A reasonable copying labor charge may apply.

5. Request an amendment to your protected health information

We may deny your request if the amendment:
• Was not created by us, unless you provide a reasonable basis to believe the originator is no longer available;
• Is not part of your medical or billing records;
• Is not available for inspection as described above; or
• Is accurate and complete.

If approved, your amendment will be included as an addition to, and not a replacement of, existing records.

6. Receive an accounting of disclosures of protected health information

Made by us to individuals or entities other than you, except for disclosures:

• To carry out treatment, payment, and healthcare operations, as provided by law;
• To correctional institutions or law enforcement officials, as provided by law;
• For national security or intelligence purposes, as provided by law;
• That occurred prior to April 14, 2003;
• That are incidental to an otherwise permitted use or disclosure;
• That are part of a limited data set that does not contain protected health information identifying individuals;
• To you or your personal representatives;
• For which a written authorization form from the patient has been received.

7. Revoke your authorization to use or disclose health information

Except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage under applicable law.

8. Receive notification if affected by a breach of unsecured PHI

OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you.

We must abide by the terms of this notice.
We reserve the right to change our practices and to make new provisions effective for all the protected health information we maintain.
If our information practices change, a revised notice will be mailed to the address you have supplied. If we maintain a website, the new notice will be posted there.

Your information will not be used or disclosed without your written authorization except as described in this notice.

The following uses and disclosures require explicit authorization from you:

(i) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications;
(ii) disclosures that constitute a sale of your health information;
(iii) other uses and disclosures not described in the notice.

You may revoke your authorization at any time in writing.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like more information, you may contact our Office at the telephone or address below.

If you believe your privacy rights have been violated, you may file a complaint with:

- Katranji & Nemeth Periodontics
- The Secretary of the U.S. Department of Health and Human Services

Complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

CONTACT INFORMATION

U.S. Department of Health and Human Services

Office of the Secretary
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel: (202) 619-0257
Toll Free: 1-877-696-6775
http://www.hhs.gov/contacts

Katranji & Nemeth Periodontics

Amar Katranji DDS, MS
29829 Telegraph Rd. Ste 111
Southfield, MI 48034
P: 248-357-3100
F: 248-357-1626

NOTICE OF PRIVACY PRACTICES AVAILABILITY

This notice will be prominently posted in the office where registration occurs. You will be provided a hard copy at your first visit. Thereafter, you may obtain a copy upon request.
The notice will also be maintained on the organization’s website (if applicable) for downloading.