



Notice of Privacy Practices for Protected Health Information

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Your Health Information Rights

The health and billing records we maintain are the physical property of Dr. Hahn's office. You have the following rights with respect to your Protected Health Information.

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office—we are not required to grant the request but we will comply with any request granted.
2. Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office.
3. Right to inspect and copy your health record and billing record. You may exercise this right by delivering the request in writing to our office using the form we provide you upon request. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. If you request copies, we may charge a small fee. If you request an alternative format, we will charge a cost-based fee for providing you health information in that format.
4. Right to appeal a denial of access to your protected health information, except in certain circumstances.
5. You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) Dr. Hahn is not required to make such amendments. You may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
6. Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
7. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we provide you upon request. If you want to exercise any of the above rights, please contact Anita Alexander, 703-444-4441, 20789 Great Falls Plaza, Suite 104, Potomac Falls, VA 20165, in person or in writing.

Our Responsibilities

Our office is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this Notice.
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice", by visiting our office and picking up a copy, or by downloading the revised copy from our website at www.hahndentistry.com.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Anita Alexander, 703-444-4441, 20789 Great Falls Plaza, Suite 104, Potomac Falls, VA 20165. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Anita Alexander. You also may submit a written complaint to the U.S. Department of Health and Human Services. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from this office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

20789 Great Falls Plaza, Suite 104, Potomac Falls, VA 20165

PHONE: (703) 444-4441 FAX: (703) 444-8577



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this agreement.

I have received a copy of Dr. Hahn's Notice of Privacy Practices.

Print Name

Signature (Parent or Guardian if minor)

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices for Protected Health Information, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining the acknowledgement
- ☐ Other (please specify)

