

or E-mailing it to office at: 156 West Main St.
Thibodaux, LA 70301, or
Email the complaint to
sjmarcello@bellsouth.net

- We cannot, and will not, require you to waive the right to file complaint with your office manager as a condition of receiving treatment from the practice.
- We cannot, and will not retaliate against you for filing a complaint with our office manager.

Other Disclosures and Uses

Notification:

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible in your care, about your location and about your general condition, or your death.

Communication with family:

Using our best judgement, we may disclose to a family member, other relative, other personal friend or any other person you identify, health information relevant to that person's involvement in your care or in payment for such if you do not object or in an emergency.

Food and Drug Administration (FDA):

We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation:

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation

Public Health

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Abuse and Neglect:

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions:

If you are inmate of correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or the extent an individual is in custody of law enforcement.

Health Oversight

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities

Judicial /Administrative Proceedings:

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law with your consent, or as directed by a proper court order.

Other Uses:

Other uses and disclosures besides those identified in this notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

Effective Date of this Notice:

June 23, 2003

Steven J. Marcello, DDS

**156 West Main Street
Thibodaux, LA 70301**

Ph: (985) 446-3754

Fax: (985) 449-1582

sjmarcello@bellsouth.net

**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 IT CAREFULLY.**

Our practice 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.

Examples of uses of your health information for treatment purposes:

A nurse obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain input.

Examples of use of your health information for payment purposes:

We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding medical care given. We will provide information to them about you and the care given.

Examples of use of your information for health care operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Your health information rights:

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- 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;
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request in writing to our Office Manager;
- Request that you be allowed to inspect and copy your health records and billing record. You may exercise this right by delivering the request in writing to our Office Manager;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our Office Manager;
- 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;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written

request to our Office Manager. 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 in the course of providing care;

- Request 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 Manager; and
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact our Office Manager in person or in writing during normal business hours. She will provide you with assistance on the steps to take to exercise your rights.

You have the right to review this notice before signing the authorizing use and disclosure of your protected health information for treatment, payment and health care operations purposes.

Our Responsibilities:

- This practice is required to:
- Maintain the privacy of your health information as required by law;

- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
 - Abide by the terms of this notice;
- Notify you if we cannot accommodate a request restriction or request; and
- Accommodate your reasonable request methods to communicate health information with you.

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 our notice or by calling and requesting a copy of our notice or by visiting our office and picking up a copy.

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 our Office Manager.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint with our Office Manager. You may also file a complaint by mailing it