

# NOTICE OF PRIVACY PRACTICES

---

**Shohreh Sharif, DDS**  
*Pediatric and Adolescent Dentistry*  
3700 Joseph Siewick Drive, Ste 104  
Fairfax, Virginia 22033

---

**This notice describes how health information about your child or legal ward 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 LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your child's health information. We are also required to give you this Notice about our privacy practices. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect (4/14/2003), and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new 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**

We use and disclose health information about your child's treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your child's health information to a physician or other healthcare provider providing treatment to your child.

**Payment:** We may use and disclose your child's health information to obtain payment for services we provide to your child.

**Healthcare Operations:** We may use and disclose your child's health information in connection with our healthcare operations. Healthcare operations include quality assessments and improvement activities, reviewing competence or qualifications of healthcare professionals, evaluating practitioner, and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your child's health information for treatment, payment or healthcare operations, you may give us written authorization to use your child's health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your child's health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your child's health information to you, as described in the Patient Rights section of this Notice. We may disclose your child's health information to a family member, friend or other person to the extent necessary to help with your child's healthcare or with payment for your child's healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, personal representative, or another person responsible for your child's care. If you are present, then prior to use or disclosure of your child's health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your child's healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your child's best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your child's health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your child's health information when we are required to do so by law.

**Abuse or Neglect:** We may 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 of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, letters, and/or emails).

## Patient Rights

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably to do. (You must make a request in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies, postage, and staff time. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last six years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restrictions:** You have the right 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 an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. {You must make your request in writing.} Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** 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.) We may deny your request under certain circumstances.

**Identification of Patients:** We will require you to provide appropriate identification, such as photos for electronic chart recognition, drivers license, insurance cards appropriate for care and to perform the function of filing claims to appropriate payers.

I \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.  
**Print Parent/Guardian Name**

**Please Print Patient Name:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_