



DORES DENTAL

DR. JAMES DORES, DMD

Notice of Privacy Practices

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 Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. This Notice takes effect 5-1-12 and will remain until replaced by us.

We reserve the right to change our privacy practices and the term of this Notice at any time, as permitted by laws. Before we make a significant change in our privacy practice, we will change this Notice and make the new Notice available to you upon request. You may request a copy at any time.

Uses and Disclosure of Health Information

We use and disclose health information about you for treatment, payment and healthcare options.

Your Authorization

In addition to our use of your health information in connection with our healthcare operations, you may give us written authorization to use your information or to disclose it to anyone for any purpose. If you give us this authorization, you may revoke it at any time. Unless you give us this authorization, we cannot use or disclose your information, except to those described in this Notice.

Your Family and Friends

We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Marketing Health Related Services

We will not use your health information for marketing communications without your written authorization.

Required by Law

We may use or disclose your 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 or other crimes.

National Security

We may disclose to military authorities the health information of Armed Forces Personnel under certain circumstances. We may disclose to authorized officials information required by lawful intelligence, Counterintelligence and other nation security activities.

Questions or Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your information, you may complain to us using the contact information below. We support your right to the privacy of your information.

Dores Dental – (413)567-3170 – 281 Maple St. East Longmeadow MA 01028 - Doresdentaloffice@gmail.com

Dr. James E. Dores DMD, PC
281 Maple Street
East Longmeadow, MA 01028

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

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

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
