LEN ELLIS, D.D.S. ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

4600 CHURCH ROAD, MOUNT LAUREL, NJ 08054

NOTICE OF PRIVACY PRACTICES

Effective January 1, 2012

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

At Ellis Orthodontics, we believe that your health information is personal. We keep records of the care and services that you receive at our office as well as referral dentists and/or surgeons. We are committed to keeping your health information private, and we are also required by law to respect your confidentiality.

This Notice describes the privacy practices of Ellis Orthodontics, Len Ellis, D. D. S., practitioner. This Notice applies to all of the health records that identify you and the care you receive at Ellis Orthodontics as well as referral dentists and/or surgeons. If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you. We are legally required to give you this Notice and to follow terms of Notice currently in effect.

Dr. Ellis and other caregivers at Ellis Orthodontics may exchange information about you as a patient with other dental facilities and their employees. These health care practitioners may also give you privacy notices that describe their office practices. All of these doctors, entities, facilities, and services may share your health information with each other for reasons of treatment, payment, and health care operations as discussed below.

HOW ELLIS ORTHODONTICS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

When you become a patient of Ellis Orthodontics, we will use your health information within our office and disclose your health information outside our office for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

<u>Treatment:</u> We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons at Ellis Orthodontics who need that information to take care of you. This may involve talking to doctors and others not employed by us. We also may disclose your health information to people outside Ellis Orthodontics who may be involved in your health care, such as treating doctors, pharmacies, drug or medical device experts, and family members.

<u>Payment</u>: We may use and disclose your health information so that the health care you receive may be billed and paid for by you, your insurance company, or another third party. For example, we may give information about treatment you had here to your dental plan so it will pay us or reimburse you for treatment received. We may also tell your dental plan about a treatment you are going to receive so we can get a pre-determination and approval of benefits.

Health Care Operations: We may use your health information and disclose it outside Ellis Orthodontics for our health care operations. These uses and disclosures help us operate Ellis Orthodontics to maintain and improve patient care. For example, we may use your dental information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine dental information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other persons at Ellis Orthodontics for learning and quality improvement purposes. We may remove information that identifies you so people outside Ellis Orthodontics may study your dental data without knowing who you are.

<u>Contacting You</u>: We may use and disclose your health information while contacting you about appointments and other matters. We may contact you by mail, telephone or email. We may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

<u>Legal Matters</u>: We will disclose health information about you outside Ellis Orthodontics when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES:

As described above, we will use your health information and disclose it outside Ellis Orthodontics for treatment, payment, health care operations, and when permitted or required by law. We will not use or disclose your health information for other reasons without your written authorization. For example, you may want us to release medical information to your employer or to your child's school. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION:

Right to Accounting. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom Ellis Orthodontics has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures about which you want the accounting. We will not list disclosures made before August 15, 2008 or those made earlier than 6 years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to Ellis Orthodontics, 4600 Church Road, Mt. Laurel, NJ 08054. We will respond to you within 60 days. We will give you the first listing within any 12-month period free, but we will charge you a fee of sixty dollars for all other accountings requested within the same 12 months.

<u>Right to Amend:</u> If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for amendment must be written, signed, and dated. It must specify the records you wish to amend and give the reason for your request. You must address your request to Ellis Orthodontics, 4600 Church Road, Mt. Laurel, NJ 08054. Ellis Orthodontics will respond to you within 60 days. We may deny your request. If we do, we will tell you why and explain your options.

Right to Inspect and Obtain Copy: You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to Ellis Orthodontics, 4600 Church Road, Mt. Laurel, NJ 08054. We may charge a fee for processing your request.

Right to Request Restrictions: You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Again, we do not have to agree. A request for a restriction must be written, signed and dated. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing to Ellis Orthodontics, 4600 Church Road, Mt. Laurel, NJ 08054. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated and specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to Ellis Orthodontics, 4600 Church Road, Mt. Laurel, NJ 08054. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. You may obtain a paper copy of this Notice by calling 856-638-1800. You may view this Notice at our Web site, www.ellishockeydoc.com

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with Ellis Orthodontics or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Ellis Orthodontics, you must submit your complaint in writing to Ellis Orthodontics, 4600 Church Road, Mt. Laurel, NJ 08054. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE:

Ellis Orthodontics may change this Notice at any time. Any change in the Notice could apply to medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at Ellis Orthodontics, 4600 Church Road, Mt. Laurel, NJ 08054 and on our Web site, www.ellishockydoc.com. The effective date of the Notice is on the first page in the top right corner. If you have questions about this Notice, you may contact us at 856-638-1800 and ask for the office manager.