

BILJANA VUKOTIC, DDS
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Notice of Privacy

To our patients. This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result to the Health Insurance and Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information.

Use and disclosure of your health information in certain special circumstances

The following circumstances (many of which are mandated upon us by Federal or State laws) may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of others.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.
9. *To Our Business Associates.* We sometimes work with outside individuals and businesses that help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.
10. *To Persons Assisting in Your Care or Payment for Your Care.* We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care" – such as your spouse, your other doctors or an aide who may be providing services to you. Generally, we will obtain your verbal agreement before using or disclosing health information this way. However, under certain circumstances, such as in an emergency situation, we may make uses and disclosures without your agreement.
11. *In Appointment Reminders.* We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Your rights regarding your health information

1. *Communications.* You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. *You can request a restriction on our use or disclosure of your health information for treatment, payment or health care operations.* Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment of your care such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. *You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your treatment, including patient dental records and billing records, but not including psychotherapy notes.* You must submit your request in writing to Biljana Vukotic, DDS, 11980 San Vicente Blvd., Suite 715, Los Angeles, CA 90049 Telephone 310-826-7788.
4. *You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice.* To request an amendment, your request must be made in writing and submitted to Biljana Vukotic, DDS, 11980 San Vicente Blvd., Suite 715, Los Angeles, CA 90049 Telephone 310-826-7788. You must provide us with a reason that supports your request for amendment.
5. *Right to a copy of this notice.* You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this Notice, contact our front desk receptionist.
6. *Right to file a complaint.* If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Biljana Vukotic, DDS, 11980 San Vicente Blvd., Suite 715, Los Angeles, CA 90049 Telephone 310-826-7788. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. *Right to provide an authorization for other uses and disclosures.* Our practice will obtain your written authorization for the uses and disclosures that are not identified by this Notice or permitted by applicable law.
8. *Right to change this Notice.* We reserve the right to make changes to this Notice at any time. In the event there is a material change to this Notice, the revised notice will be posted. In addition, you may request a copy of the revised notice at any time.

If you have any questions regarding this notice or our Health Information Privacy Policies, please contact Biljana Vukotic, DDS, 11980 San Vicente Blvd., Suite 715, Los Angeles, CA 90049 Telephone 310-826-7788.

This Notice is effective as of April 14, 2003

I hereby acknowledge that I HAVE BEEN PRESENTED WITH A COPY of Biljana Vukotic, DDS Notice of Privacy Practices.

Signature _____ **Date** _____

Printed Name of Patient _____