

NOTICE OF PRIVACY PRACTICES

SHERYL SILVERSTEIN, D.M.D. MICHAEL VINCIGUERRA, D.D.S., L.L.P.

2001 MARCUS AVENUE • LAKE SUCCESS, NY 11042 • 516 354-1768 • FAX 516 354-4071
SilversteinVinci@gmail.com Office Manager: Stephen Aronowitz

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

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; examining your teeth, mouth, and oral health; prescribing medications submitting them to be filled; prescribing dental appliances and dental prosthesis; showing you treatment options; referring you to another dentist for specialty care; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your dental or medical care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are : financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

[We will ask for special written permissions in the following situations: anything related to HIV/AIDS status, any sale of information, any use of information for marketing of fundraising purposes, and _____ .]

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices;
- Disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence;
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of court or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- Uses or disclosures for health related research;
- Uses and disclosures to prevent a serious threat to health or safety;
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- Disclosures of de-identified information;
- Disclosures related to worker's compensation programs;

- Disclosure of a “limited data set” for research, public health, or health care operations;
- Incidental disclosures that are unavoidable by-product of permitted uses or disclosures;
- Disclosures to “business associates” who perform health care operations for us and who commit to respect the privacy of your health information.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail, or e-mail you an appointment reminder, and/or leave you a reminder message on your answering machine or with someone who answers your phone if you are not home.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written “authorization form.” The content of an “authorization form” is determined by federal law. Sometimes, we may initiate the authorization process if the use of disclosure is our idea. Sometimes, you may initiate the process if it’s your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment, or healthcare operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. We must honor a restriction not to send information to a health care plan regarding any service for which you have already made full payment. To ask for a restriction, send a written request to the office contact person at the address, fax, or e-mail shown at the beginning of this Notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using e-mail to your personal e-mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra costs. If you want to ask for confidential communications, send a written request to the office contact person at the address, fax, or e-mail shown at the beginning of this Notice.
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 10 days of asking us. You may have to pay for the photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. If you want to review or get copies of your health information, send a written request to the office contact person at the address, fax, or e-mail shown at the beginning of this Notice.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address, fax, or e-mail shown at the beginning of this Notice.
- Get additional paper copies of this Notice of Privacy practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax, or e-mail shown at the beginning of this Notice.

- Be notified by us in a timely manner of any breach of the privacy and confidentiality of your unsecured protected health information, which we will provide to you in accordance with the law and take all appropriate measures to address.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by the law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our website.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax, or e-mail shown at the beginning of this Notice. If you prefer, you can discuss your complain in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address, fax, or e-mail shown at the beginning of this Notice.

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ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of Dr. Sheryl Silverstein and Dr. Michael Vinciguerra's Notice of Privacy Practices.

Patient Name _____

Signature _____

Date _____

GENERAL DENTISTRY INFORMATION FORM

Dentist: Sheryl Silversten D.M.D. & Michael Vinciguerra D.D.S. LLP

Patient Name: _____

Dentistry is not an exact science and reputable practitioners cannot properly guarantee results. Despite the most diligent care and precaution, unanticipated complications or unintended results, although rare, may occur. Guarantees and assurances cannot be made by anyone regarding the dental treatment which you have requested and authorized. It is essential that you keep your appointments and cooperate in your treatment to help ensure the best possible result. Please read the following and initial and sign where noted.

SERVICES THAT MAY BE PROVIDED INCLUDE THE FOLLOWING:

1. DRUGS, MEDICATIONS, AND ANESTHETICS Antibiotics, analgesics, and other medications can cause allergic reactions such as redness and swelling of tissues, pain, itching, vomiting and/or anaphylactic shock. It is your responsibility to alert us of any known allergies. Injections of local anesthetics can cause paresthesia (numbness) of teeth, lips, and surrounding tissues. Though quite rare, this numbness can sometimes be permanent. It is recommended that you do not chew on food until anesthetics wear off to prevent biting of the cheek and tongue. Studies have shown that Bisphosphonate (ex. Fosomax) therapy for osteoporosis can actually cause bone loss in the jawbone, which can consequently compromise certain dental treatments.
2. FILLINGS This office is mercury free. To prevent using a potentially toxic alloy, a composite, bonded resin (tooth colored) filling material is generally used unless otherwise requested. Additional charges may be incurred. Care must be exercised in chewing on filled teeth, especially on large fillings to avoid breakage. A more extensive restorative procedure than originally diagnosed may be necessary, due to more decay than anticipated and/or compromise of tooth structure. Sensitivity can occur following a newly placed filling and will usually go away with time.
3. CROWNS, BRIDGES AND LAMINATES These restorations involve permanent alteration of the tooth structure. It is not always possible to match the color of the natural teeth exactly with artificial teeth. Temporary interim restorations may come off easily. Care must be taken to insure that they are kept on until the permanent restorations are delivered. The final opportunity to make changes to the new crown(s), bridge(s), or laminates(s) (including the shape, fit, size, and color) will be before cementation. It is necessary to keep the appointment for permanent cementation in a timely manner. Excessive delays may allow for tooth movement, or changes in gum tissue necessitating the remaking of the restoration and additional charges may be incurred.
4. DENTURES (FULL AND PARTIAL) The wearing of dentures can be difficult. Sore spots, altered speech, and difficulty in eating are common problems. Due to loss of jaw ridge, retention of full dentures can be a problem. Immediate, interim dentures may require considerable adjusting and several relines. A long term appliance and/or reline will be needed at a later time (this is not included with the immediate denture fee). You are responsible to return for delivery of the dentures in a timely manner. Failure to do so may result in poorly fitting dentures and remakes will require additional charges. Failure to wear partial dentures daily will likely lead to tooth movement, resulting in a partial that no longer fits.
5. PERIODONTAL DISEASE Periodontal disease affects the gums and bone which support the teeth. It is a serious, progressive infection causing breakdown of the gums and bone and eventual loss of teeth. It is best treated in its early stage. Treatment options may include gum surgery, extractions, and replacements. Undertaking any dental procedure may have adverse effect on the periodontia.
6. ENDODONTIC TREATMENT (ROOT CANAL) Although over 90% effective, there is no guarantee that root canal treatment will succeed and complications can occur from treatment. Occasionally, root canal material may extend beyond the root tip, which does not necessarily affect the success of treatment. Endodontic files and reamers are very fine instruments that can separate during use. If complications arise during or following treatment, referral to a specialist may be needed requiring further treatment and additional cost. Additional procedures may be necessary following root canal treatment to ensure optimal prognosis of the tooth. A posterior, endodontically treated teeth require crowns to minimize the chance of the tooth breaking. Despite all efforts to save it, the tooth may still be lost.
7. REMOVAL OF TEETH (EXTRACTIONS) Teeth may need to be extracted for various reasons, such as non-restorability, lack of bone support, part of orthodontic treatment, impactions, and infections etc. There are alternatives to the removal of treatable teeth and these options include root canal treatment, periodontal treatment, and crowns. Removal of teeth does not always remove the infection, if present, and further treatment may be necessary. There are risks involved in having teeth removed, including, but not limited to pain, swelling, spread of infection, dry socket, loss of feeling in the teeth, lips, tongue, and surrounding tissues (that can last for an indefinite period of time) and jaw fracture. If complications arise during or following treatment, referral to a specialist may be needed requiring further treatment and additional cost.
8. CHANGES IN TREATMENT PLAN A treatment plan is based on the best evidence available during the examination. There is no guarantee that this plan will not change. During treatment, it may be necessary to change or add procedures because of conditions that were not evident during examination, but were found during the course of treatment. For example, root canal treatment may become necessary during routine restorative procedures.

Signature _____ Relationship to Patient _____ Date _____