

- When required under federal, state or local law;
- When necessary in emergencies to prevent a serious threat to your health and safety or the health and safety of other persons;
- When necessary for public health reasons (e.g., prevention or control of disease, injury or disability; reporting information such as adverse reactions to anesthesia; ineffective or dangerous medications or products; suspected abuse, neglect or exploitation of children, disabled adults or the elderly; or domestic violence);
- For federal or state government health-care oversight activities (e.g., civil rights laws, fraud and abuse investigations, audits, investigations, inspections, licensure or permitting, government programs, etc.);
- For judicial and administrative proceedings and law enforcement purposes (e.g., in response to a warrant, subpoena or court order; by providing PHI to coroners, medical examiners and funeral directors to locate missing persons, identify deceased persons or determine cause of death);
- For workers’ compensation purposes (e.g., we may disclose your PHI if you have claimed health benefits for a work-related injury or illness);
- For intelligence, counterintelligence or other national security purposes (e.g., Veterans Affairs, U.S. military command, other government authorities or foreign military authorities may require us to release PHI about you);
- For organ and tissue donation (e.g., if you are an organ donor we may release your PHI to organizations that handle organ, eye or tissue procurement, donation and transplantation);
- For research projects approved by an Institutional Review Board or a privacy board to ensure confidentiality (e.g., if the researcher will have access to your PHI because involved in your clinical care, we will ask you to sign an Authorization);
- To create a collection of information that is “de-identified” (e.g., it does not personally identify you by name, distinguishing marks or otherwise and no longer can be connected to you);
- To family members, friends and others, but only if you verbally give permission; we give you an opportunity to object and you do not; we reasonably assume, based on our professional judgment and the surrounding circumstances, that you do not object (e.g., you bring someone with you into the operatory or exam room during treatment or into the conference area when we are discussing your PHI); we reasonably infer that it is in your best interest (e.g., to allow someone to pick up your records because they knew you were our patient and you asked them in writing with your signature to do so); or it is an emergency situation involving you or another person (e.g., your minor child or ward) and, respectively, you cannot consent to your care because you are incapable of doing so or you cannot consent to the other person’s care because, after a reasonable attempt, we have been unable to locate you. In these emergency situations we may, based on our professional judgment and the surrounding circumstances, determine that disclosure is in the best interests of you or the other person, in which case we will disclose PHI, but only as it pertains to the care being provided and we will notify you of the disclosure as soon as possible after the care is completed.

Minimum Necessary Rule Our staff will not use or access your PHI unless it is necessary to do their jobs (e.g., doctors uninvolved in your care will not access your PHI; ancillary clinical staff caring for you will not access your billing information; billing staff will not access your PHI except as needed to complete the claim form for the latest visit; janitorial staff will not access your PHI). Also, we disclose to others outside our staff only as much of your PHI as is necessary to accomplish the recipient’s lawful purposes. For example, we may use and disclose the entire contents of your medical record:

"TMD and Restorative Dentistry"

To an Accounting of Disclosures You may ask us for a list of those who got your PHI from us by submitting a Request for Accounting of Disclosures form to us. The list will not cover some disclosures (e.g. PHI given to you, given to your legal representative, given to others for treatment, payment or health-care-operations purposes). Your request must state in what form you want the list (e.g., paper or electronically) and the time period you want us to cover, which may be up to but no more than the last six years (excluding dates before April 14, 2003). If you ask us for this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee to respond, in which case we will tell you the cost before we incur it and let you choose if you want to withdraw or modify your request to avoid the cost.

To Request Restrictions You may ask us to limit how your PHI is used and disclosed (i.e. in addition to our rules as set forth in this Notice) by submitting a written Request for Restrictions on Use / Disclosure form to us (e.g., you may not want us to disclose your surgery to family members or friends involved in paying for our services or providing your home care). If we agree to these additional limitations, we will follow them except in an emergency where we will not have time to check for limitations. Also, in some circumstances we may be unable to grant your request (e.g., we are required by law to use or disclose your PHI in a manner that you want restricted; you signed an Authorization form, which you may revoke, that allows us to use or disclose your PHI in the manner you want restricted; in an emergency).

To Request Alternative Communications You may ask us to communicate with you in a different way or at a different place by submitting a written Request for Alternative Communication form to us. We will not ask you why and we will accommodate all reasonable requests (including, e.g., to send appointment reminders in closed envelopes rather than by postcards, to send your PHI to a post office box instead of your home address, to communicate with you at a telephone number other than your home number). You must tell us the alternative means or location you want us to use and explain to our satisfaction how payments to us will be made if we communicate with you as you request.

To Complain or Get More Information We will follow our rules as set forth in this Notice. If you want more information or if you believe your privacy rights have been violated (e.g., you disagree with a decision of ours about inspection / copying, amendment / correction, accounting of disclosures, restrictions or alternative communications), we want to make it right. We never will penalize you for filing a complaint.

To do so, please file a formal, written complaint within 180 days with:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave., S.W.
Washington, D.C. 20201
(877) 696-6775 (toll free)

Or, submit a written Complaint form to us at the following address:

Privacy Officer for Dr. Steven Syrop
630 Fifth Avenue, Suite 1857
New York, NY 10111
(212)969-9166
Fax: (212)265-1767

Steven Syrop, DDS

630 Fifth Avenue, Suite 1857
New York, NY 10111
(212)969-9166
Fax: (212)265-1767

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You may get your complaint form by calling our privacy officer.

These privacy practices will be effective April 14, 2003, and will remain in effect until we replace them as specified above.