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**Ann G. Borgström DDS, PC**  
**Whole Health Dentistry**

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### Form 3: Notice of Privacy Practices

*This notice describes how medical information about you may be used  
and disclosed, and how you can get access to this information.  
Please review this notice carefully.*

Compliance with the federal Health Insurance Portability & Accountability Act of 1996 (HIPAA) became mandatory on April 14, 2003. HIPAA requires that all medical records and other individually identifiable health information used or disclosed by us in any form – whether electronically, on paper or orally – are kept properly confidential. This Act gives the patient significant new rights to understand and control how his or her health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

This office pledges to use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

**Treatment** means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would be a referral to a specialist.

**Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

**Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may interest you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing; we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights regarding your protected health information, which you can exercise by presenting a written request to this office's privacy officer:

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**Form 3: Notice of Privacy Practices Continued**

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are not required, however, to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain – and we have the obligation to provide to you – a paper copy of this notice from us on the first date we provide service to you.
- The right to provide – and we are obligated to receive – a written acknowledgement that you have received a copy of our Notice of Privacy Practices.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices regarding protected health information.

As of April 14, 2003, we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post – and you may request a written copy of – a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

**Please contact us for more information:**

Naomi K. Ellis, Privacy Officer  
Ann G. Borgström DDS, PC  
Whole Health Dentistry  
191 Parrish St.  
Canandaigua, N.Y. 14424-1726  
585-394-0710

**For more information about HIPAA  
or to file a complaint:**

U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Ave. SW  
Washington, D.C. 20201  
202-619-0257