

# Summerfield Pediatric Dentistry & Oral Surgery

188 Summerfield Street. Scarsdale, NY 10583  
T 914 472 2929 F 914 472 3232  
[info@spdkids.com](mailto:info@spdkids.com)

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL & DENTAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS INFORMATION CAREFULLY.**

This notice describes the privacy practices of SUMMERFIELD PEDIATRIC DENTISTRY & ORAL SURGERY pertaining to your child's health information.

We are required by law to maintain the privacy of dental and health information about your child, also known as Protected Health Information or PHI. When we use or disclose PHI, we are required to abide by the terms of this notice (or other notice in effect at the time of the use or disclosure).

Uses and Disclosures of your child's health information WITHOUT your written authorization:

In certain situations, we must obtain your written authorization in order to use and/or disclose your child's PHI. However, we DO NOT need any type of authorization from you for the following uses and disclosures:

### **Treatment**

We use and disclose PHI to provide dental treatment and other services to diagnose and treat your child's injury or illness. For example, results of laboratory tests, x-rays and procedures will be made available in your medical & dental record to all health professionals who may provide treatment or who may be consulted by staff members. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### **Payment**

We may use and disclose PHI to obtain payment for services that we provide to your child. Your health and/or dental plan or other companies that pay the cost of some or all of your dental care may request and receive information on dates of service, the services provided, and the medical or dental conditions being treated.

### **Health Care Operations**

Your protected health information may be used as necessary to support the day-to-day activities and management of Summerfield Pediatric Dentistry & Oral Surgery. For example, information on services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

### **Law Enforcement**

Your protected health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

### **Public Health Reporting**

Your protected health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's health department.

### **Other uses and disclosures require your authorization**

Disclosure of your protected health information or its use for any other than those listed above requires your specific written authorization. If you change your mind after authorizing the use or disclosure of your information you may submit a written revocation of authorization. However, your decision to revoke authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

### **Appointment reminders**

Your protected health information will be used by our staff to send you appointment reminders via email or text messaging.

### **Information about treatments**

Your protected health information may be used to send you information on the treatment and management of your medical or dental condition that you may find of interest.

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## Individual Rights

You have certain rights under the federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your protected health information.
- the right to receive confidential communications concerning your medical & dental condition and treatment.
- the right to inspect and copy your protected health information.
- the right to amend or submit corrections to your protected health information.
- the right to receive an accounting of how and to whom your protected health information has been disclosed.
- the right to receive a printed copy of this notice.

## Summerfield Pediatric Dentistry & Oral Surgery Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

## Right to Change Terms of this Notice

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reasons for these revisions, we will provide you with a revised notice on your next office visit. These revised policies and practices will be applied to all protected health information that we maintain.

## Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to access to your records by contacting our office or emailing [info@spdkids.com](mailto:info@spdkids.com).

## Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concern to:

Vali Mohammadi, D.M.D.  
Summerfield Pediatric Dentistry & Oral Surgery  
188 Summerfield Street  
Scarsdale, NY 10583

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the above address. You will not be penalized or otherwise retaliated against for filing a complaint.

## Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

**Summerfield Pediatric Dentistry & Oral Surgery**  
c/o Dr. Vali Mohammadi  
188 Summerfield Street  
Scarsdale, NY 10583  
Phone: (914) 472-2929  
E-mail Address: [info@spdkids.com](mailto:info@spdkids.com)

## Effective Date

This notice is effective on or after June 24, 2019.

