

PRIVACY POLICY

GIRISH BANAJI, DDS, PC & 2843 Dental LLC

2843 Hartland Rd., Suite 200

Falls Church, VA 22043

(703) 849-1300

NOTICE OF PRIVACY PRACTICES: This notice explains the ways in which your health information may be used, disclosed, and outlines your rights to access this information. Please read it thoroughly, as the privacy of your health information is of utmost importance to us.

OUR LEGAL DUTY

Under federal and state laws, we are obligated to protect your health information's privacy. We must also provide you with this Notice detailing our privacy practices, legal obligations, and your rights regarding your health information. We are committed to adhering to the privacy practices outlined in this Notice, which is currently effective as of September 1, 2023, and will continue until it is updated. We reserve the right to modify our privacy practices and the terms of this Notice at any point, as long as such changes comply with applicable laws. These changes may apply to all health information in our possession, even information obtained before the changes. Should there be a significant modification to our privacy practices, we will update this Notice and make the revised version available upon request. You can request a copy of this Notice at any time. For further details on our privacy practices or to obtain additional copies of this Notice, please reach out to us using the contact information provided at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We utilize and share your health information for the purposes of treatment, payment, and healthcare operations. For instance: **Treatment:** Your health information may be used or shared with physicians or other healthcare providers involved in your treatment. **Payment:** We use and disclose your health information to secure payment for the services rendered to you.

Healthcare Operations: We may use and share your health information in support of our healthcare operations. These operations encompass quality assessment and improvement activities, evaluating healthcare professionals' competence and qualifications, analyzing practitioner and provider performance, facilitating training programs, and undertaking accreditation, certification, licensing, or credentialing processes.

To Your Family and Friends: We are required to disclose your health information to you, as outlined in the Patient Rights section of this Notice. Additionally, we may share your health information with a family member, friend, or another individual to the extent necessary to assist with your healthcare or the payment for your healthcare, provided that you have given your consent for us to do so.

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Persons Involved in Care: We may use or disclose your health information to notify or assist in notifying a family member, your personal representative, or someone responsible for your care, regarding your location, general condition, or death. If you are present, we will offer you the opportunity to object to such disclosures before they are made. In situations where you are incapacitated or in emergency circumstances, we will use our professional judgment to disclose only the health information that is necessary for your care to those involved in your healthcare. Additionally, we will apply our professional judgment and experience with common practices to determine what is in your best interest, such as allowing someone to collect your prescriptions, medical supplies, x-rays, or other similar health information on your behalf.

Your Consent: Beyond the utilization of your health information for treatment, payment, or healthcare operations, you have the option to provide us with written consent to use or disclose your health information for any other purpose. Should you choose to grant us this authorization, you retain the right to withdraw it at any time by submitting a written revocation. However, your withdrawal will not impact any prior uses or disclosures that were conducted in reliance on your consent while it was active. Without your explicit written consent, we are restricted from using or disclosing your health information for purposes not outlined in this Notice.

Marketing Health-Related Services: We will not use your health information for marketing purposes without obtaining your prior written consent. Should you receive any marketing communications from us, you will be provided with an option to opt out, allowing you to unsubscribe from future communications.

Required by Law: We are obligated to use or disclose your health information when legally mandated.

Abuse or Neglect: Should we suspect that you are a victim of abuse, neglect, domestic violence, or other crimes, we may share your health information with the appropriate authorities. Additionally, we may disclose your information if it is necessary to prevent a significant threat to your or others' health and safety.

National Security: In specific situations, we may share the health information of Armed Forces personnel with military authorities. We are also authorized to disclose health information necessary for lawful intelligence, counterintelligence, and national security activities to federal officials. Furthermore, under certain circumstances, we may provide health information to a correctional institution or a law enforcement official who has lawful custody of an inmate or patient.

Appointment Reminders: We may utilize or share your health information to send you reminders for your appointments. These reminders could be in various forms, including voicemail messages, emails, text messages, postcards, or letters.

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PATIENT RIGHTS

Access Rights: You have the right to access or receive copies of your health information, with some exceptions. If you prefer to receive copies in a format other than standard photocopies, we will strive to accommodate your request, provided it is feasible. Written requests are necessary for accessing your health information, and you can obtain the required forms via the contact information at the end of this Notice. The fees for accessing your health information are reasonable and reflect the actual costs, including the expenses for copying and staff labor. You may also submit your request directly by writing to the address provided at the end of this Notice. The cost for photocopies is set at \$0.15 per page and \$15.00 per hour for the staff time required to locate and copy your health information, in addition to postage for any copies that need to be mailed. Should you request your information in an alternative format, the fees will be based on the cost of providing the information in that format. If preferred, we can also provide a summary or explanation of your health information for a fee. For a comprehensive breakdown of our fee structure, please refer to the contact information at the end of this Notice.

Disclosure Accounting: You possess the right to obtain a list of occasions where we, or our business associates, have disclosed your health information for reasons aside from treatment, payment, healthcare operations, and certain specified activities within the past 6 years. Should you request this accounting more frequently than once in a 12-month period, we reserve the right to charge you a reasonable, cost-based fee for any subsequent requests.

Restriction Requests: You are entitled to request additional restrictions on how we use or disclose your health information. While we are not obligated to agree to these requests for additional restrictions, if we choose to do so, we will honor our agreement, except in cases of emergency.

Alternative Communication Requests: You have the right to ask us to communicate with you about your health information through alternative methods or at alternative locations. This request must be made in writing. In your request, you need to clearly specify the alternative method or location for communication and provide a satisfactory explanation of how payments will be managed with the alternative method or location you propose.

Amendment Rights: You have the right to request an amendment to your health information. This request must be submitted in writing and include a detailed explanation of why the information should be amended. Please note that we may deny your request under specific conditions.

Electronic Notice: If you access this Notice via our website or through email, you have the right to request and obtain a physical copy of this Notice.

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Your Other Data: When visiting our website, we may use cookies and gather data from your browser, such as your IP address, to enhance our marketing strategies and understand our website's user demographics and the geographic distribution of our potential patients. This information is utilized and shared internally, including with our marketing vendors, but will not be sold to third parties.

Questions and Complaints: For additional information about our privacy practices or if you have any questions or concerns, please feel free to contact us. If you believe your privacy rights have been violated, disagree with a decision we made regarding your health information, or have concerns about our response to your requests for amending or restricting the use or disclosure of your health information, or requests for communication via alternative means or locations, you are encouraged to bring this to our attention using the contact details provided at the end of this Notice. You also have the right to lodge a complaint with the U.S. Department of Health and Human Services. Upon request, we will supply you with the contact details for filing a complaint with the U.S. Department of Health and Human Services.

We are committed to protecting your health information privacy. Should you decide to file a complaint, we assure you there will be no retaliation.

Contact Information:

Officer: Girish Banaji, DDS.

Phone: (703) 849-1300

Email: info@banajidds.com

Address: 2843 Hartland Rd., Suite 200, Falls Church, VA 22043

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