

# ROBERT J. MANSELL, D.M.D. & ASSOCIATES, P.C.

ROBERT J. MANSELL, D.M.D.  
JOHN F. CARABELLO, D.M.D.

1047 OLD YORK ROAD • ABINGTON, PA 19001 • TELEPHONE: 215-884-1668  
FAX: 215-885-9825  
www.abingtonpudentist.com

## Acknowledgement of Receipts of Forms

I have received the Privacy Policies of Robert J. Mansell D.M.D. and Associates and have been provided an opportunity to review it at my leisure.

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(Date)

## Patient Record of Disclosures

In general, the HIPAA privacy rule gives the individual the right to request restriction of uses and disclosures of the protected health information (PHI) for the purpose of continuity of my care or to adjudicate my account. The authorization does not take the place of our standard record release authorization.

I authorize my PHI to be disclosed to the following individuals: \_\_\_\_\_  
(Patient Signature)

Spouse \_\_\_\_\_ Adult Child \_\_\_\_\_  
(Name) (Name)

Other \_\_\_\_\_  
(Name) (Name)

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to any authorization requested by the individual.

Healthcare entities must keep records of PHI disclosures. Information provided to us and documented in our health record database will constitute an adequate record.

**Note: Uses and disclosures for treatment may be permitted without prior consent in an emergency.**

# ROBERT J. MANSELL, D.M.D. & ASSOCIATES, P.C.

ROBERT J. MANSELL, D.M.D.  
JOHN F. CARABELLO, D.M.D.

1047 OLD YORK ROAD • ABINGTON, PA 19001 • TELEPHONE: 215-884-1668  
FAX: 215-885-9825  
www.abingtonp dentist.com

## NOTICE OF PRIVACY PRACTICES

Revised January 2014

This notice details how *Robert J. Mansell D.M.D. & Associates* collects, handles, and protects our patients' personal, medical and financial information, and reflects the content of our HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Policy.

### Use and/or Disclosure of PHI (Protected Health Information)

- Routine uses:
  - o Treatment, scheduling, payment and operations
  - o Patient or designated representative request
  - o Insurance company audit/claim adjudication
  - o Legal pursuit
- Disclosure without authorization is permitted:
  - o As required by law
  - o For public health activities
  - o For victims of abuse, neglect, or domestic violence
  - o For health oversight activities
  - o For judicial and administration proceedings
  - o For law enforcement purposes
  - o For decedents
  - o For cadaveric organ, eye, and tissue donation purposes
  - o For research purposes
  - o To advert a serious threat to health or safety
  - o For specialized government functions
  - o For disability documentation
  - o For workers compensation
- PHI will only be released with written consent from the patient or parent/guardian of the minor patient, unless noted above for disclosure without authorization.

### Safeguards for the Protection of PHI:

- Patient records are stored in a secure data base in accordance with the administrative, physical, and technical safeguards of the HIPAA Security Rule.

### Patients' Rights:

- Our patients have the right to privacy and respect regarding their personal information.
  - The patient has a right to inspect and copy health records with reasonable notice.
  - The patient has the right to *request* amendment or correction.
  - The patient has the right to an accounting of disclosures.
  - The patient has the right to specify how confidential information is communicated.
  - The patient has the right to request a restriction on how health information is disclosed or used.
  - The patient has a right to file a complaint if they believe that our safeguards and procedure have not been followed. Any privacy issue complaints should be directed to the Privacy Officer of Robert J. Mansell D.M.D. & Associates, or to any manager. If satisfaction is not received, the patient may notify the Department of Health & Human Services.
-