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NOTICE OF PRIVACY PRACTICES

Protecting Your Confidential Health Information is Important to Us

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION

Dear Patient:

Our Promise

This notice is not meant to alarm you. Quite the opposite! It is our desire to communicate to you that we are taking seriously Federal law (HIPPA-Health Insurance Portability & Accountability Act)

We will use and communicate your Health Information only for the purposes of providing your treatment, obtaining payment, conducting health care operations and as otherwise described in this notice.

Federal law generally permits us to make certain uses or disclosures of health information without permission. Federal law also requires us to list in the notice each of these categories of uses or disclosures.

As Required by Law

We may use or disclose your health information as required by any statute, regulation, court order or other mandate enforceable in the court of law.

Abuse or Neglect

We may disclose your health information to the responsible government agency if (a) the Privacy Official reasonably believes that you are victim of abuse, neglect or domestic violence (b) we are required or permitted by law to make the disclosure. We will promptly inform you that such a disclosure has been made unless the Privacy Official determines that informing you would not be in your best interest.

To Obtain Payment

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to work only with companies with a similar commitment to the security of your health information.

