



167 Avenue at the Common
Suite 16, 2nd floor
Shrewsbury, NJ 07702

Tel (732) 935-0905
Fax (732) 935-0899
www.oceandentalnj.com

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 10/1/09, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time.

How We Collect Information About You: Ocean Dental and its employees and volunteers collect data through a variety of means including but not necessarily limited to forms, interview, letters, phone calls, emails, voice mails, and from the submission of records that is either required by law, or necessary to process records or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical/dental conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to your records either directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about patients who receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your records or to provide you with health or counseling services which may require communication between Ocean Dental and health care providers, dental or medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of dental treatment or medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of dental/medical supplies, devices, medications, insurance.



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If you consent to receive treatment and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page (www.oceandentalnj.com) that simply records the number of visitors and no other data. We do use some affiliate programs that may or may not capture traffic data through our site. To avoid potential data capture that you visited, simply do not click on any of our outside affiliate links.

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources: Any pictures, letters, correspondence, testimonials, comments or thank you notes sent to us become the exclusive property of Ocean Dental. We reserve the right to use non-identifying information about our patients (those who receive services or goods from our office) for promotional purposes that are directly related to our mission.

Patients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without patient's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

Persons Involved in Care: We may use or disclose health information to notify or assist in the notification of a family member or personal representative or another person responsible for your care if required. In the event of emergency circumstances, we will disclose health information based on a determination using professional judgment by disclosing only that health information that is directly relevant to the person's involvement with your care.

Authorization: In addition to use of your health information for treatment, payment or healthcare operations; you may give us written authorization to use your healthcare information or to disclose it to anyone for any purpose. If you give authorization, you have the right to revoke it at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give written authorization, we cannot use or disclose your health information for any reason except those listed by you.



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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I, _____ have received a copy of this office’s Notice of Privacy Practices.

Print Name

Signature

Date

For Office Use Only:

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices; acknowledgement could not be obtained because:

- () Individual refused to sign.
- () An emergency situation prevented obtaining this acknowledgement
- () Other
