

# ALI SOULATI, DDS, LLC

## NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW YOUR HEALTHCARE INFORMATION MAY BE USED, DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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### OUR LEGAL DUTY

Ali Soulati, DDS, LLC is required by law to maintain the privacy of your protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach or unsecured protected health information. This information consists of all records related to your health, including demographic information, either created by Ali Soulati, DDS, LLC or received by Ali Soulati, DDS, LLC from other healthcare providers. We must follow the privacy practices that are described in the Notice while it is in effect.

We reserve the right to change the terms of this Notice and make new provisions at any time, provided that such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location and patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

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### PERMITTED USES AND DISCLOSURES OF HEALTH INFORMATION

**Treatment:** We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you. Providing, coordinating, or managing healthcare and related services by one or more healthcare providers; Coordination of treatment with nursing homes, foster care homes or other medical facilities; Consultations between healthcare providers concerning a patient; Referral to other providers for treatment and referrals to dental labs.

**Payment:** We may use and disclose your PHI to obtain payment for services we provide to you. Determining eligibility for benefits or insurance coverage; Managing claims and contacting insurance regarding payment; Collection activities to obtain payment for services provided to you; Reviewing healthcare services and discussing with your insurance company the necessity of charges, Pre-certification and Pre-authorization.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing or credentialing activities.

**Individuals Involved In Your Care or Payment for Your Care:** We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. Health information may be released without written permission to a parent, guardian, or legal custodian of a child: the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

**Required by Law:** We may use or disclose your health information when we are required to do so by law. We may use or disclose your health information to assist in disaster relief efforts.

**Public Health Activities:** We may disclose your health information for public health activities, including disclosures to: Prevent or control disease, injury or disability; Report child abuse, neglect, or domestic violence or the possible victim of other crimes; Report reactions to medications or problems with products or devices; Notify a person of a recall, repair, or replacement of products or devices; Notify a person who may have been exposed to a disease or condition; or Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, domestic violence or to avert a serious threat to your health or safety of the health or safety of others

**National Security:** We may disclose to military authorities the health Information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health Information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of PHI of an inmate or patient. We will disclose your PHI to the Secretary of the U.S. Dept. of Health and Human Services when required to investigate or determine compliance with HIPAA.

**Workers' Compensation:** We may disclose your PHI to the extent such records are reasonably related to an injury for which workers compensation is claimed.

**Law Enforcement:** We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

**Health Oversight Activities:** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made wither by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

**Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information

**Coroner, Medical Examiners, Funeral Directors & Descendants:** We may disclose protected health information to funeral directors as needed and to coroner or medical examiners to identify a deceased person, determine the cause of death and perform other functions authorized by law.

**Fundraising:** We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communication.

**Appointment Reminders:** We may use or disclose your PHI to provide you with appointment reminders (such as voicemail messages, postcards, letters, email notifications and/or text notifications.) You must notify us in writing if you do not wish to receive appointment reminders.

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#### **AUTHORIZED USES AND DISCLOSURES OF HEALTH INFORMATION**

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

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#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**Access:** You have the right to review and/or obtain a copy of your health information, with limited exceptions. You must make your request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide you photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure. If you are denied request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

**Disclosure Accounting:** With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

**Restriction:** You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

**Alternative Communication:** You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location of your request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

**Amendment:** You have the right to request that Ali Soulati, DDS, LLC, amend portions of your healthcare records, as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances the request may be denied.

**Right to Notification of a Breach:** You will receive notifications of breaches of your unsecured PHI as required by law.

**Electronic Notice:** You may request and receive a paper copy of this Notice, if you had previously received or agreed to receive the Notice electronically.

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#### **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Kerri Cheezum, Privacy Officer  
Ali Soulati, DDS, LLC  
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410.819.0060 or Fax: 410.819.0331