

Michael A Petrillo DMD PC  
Lehigh Valley Smile Designs  
2019 Industrial Dr  
Bethlehem, PA 18017  
Phone (610) 868-7601  
Fax (610) 867-8128

Summary HIPAA Notice of Privacy Practices  
Explanation Guide and Acknowledgment (updated 9/7/2018)

**Privacy Officer Contact:**  
Name: Michael Petrillo III  
Phone: (610) 868-9683  
Address: Lehigh Valley  
Smile Designs  
ATTN: Privacy Officer  
2019 Industrial Dr,  
Bethlehem, PA 18017

1. **We are required by law** to maintain the privacy of Protected Health Information (“PHI”).
2. **We need your written authorization** before we can disclose your health information to anyone.
3. **Situations where your health information can be released:**
  - a) To doctors and health care personnel who are involved in your care and need this information to provide care to you
  - b) To your dental, medical and/or health insurance company
  - c) Risks to public health
  - d) Law enforcement and subpoenas in civil law
4. **Your rights**
  - a) To look at or obtain copies of your records. To protect your records, your request must be specific and in writing with limited exceptions. To address this requirement, you may ask for our Request form. **To avoid unexpected delays:** Follow the instructions in our Notice of Privacy Practices; electronic communications (i.e. email) may require prior written consent, and we do not recommend sending in digital format unless it is secured.
  - b) Right to request restrictions. Restrict what, how much, and to whom. *Note:* Given our system and resource limitations, and the complexity of our operations, we must exercise great caution in agreeing to patient requests to further restrict their information. Please contact our HIPAA Privacy Officer to discuss. *Contact:* See Notice of Privacy Practices.
  - c) Right to request confidential communication.
  - d) Right to a copy of our Privacy Practices.
  - e) Right to refuse to sign a form or other details [May cause service delays; see item b) above.]
5. **Complaints**
  - a) You have the right to make complaints to this dental Practice and/or to the Department of Health and Human Services. If you believe your privacy rights have been violated, no action will be used against you in the event of such a complaint.
  - b) **You may also ask to speak with** our Office Manager, Privacy Officer or Security Officer.
6. **Your Acknowledgement** If you have reviewed this summary and had the opportunity to obtain a copy, as well as a copy our Notice of Privacy Practices (upon which this summary is based) please sign below.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

\*\*\*\*\* You may refuse to sign this acknowledgement \*\*\*\*\*

The section is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgment.

I, \_\_\_\_\_, have received a copy OR read the explanation of this office’s Notice of Privacy Practices.

\_\_\_\_\_  
Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:  Individual refused to sign  Acknowledgement was Prohibited by Communication barriers

An Emergency prevented us from obtaining acknowledgement (*specify*): \_\_\_\_\_

**With my signature, I authorize, consent to and agree that a copy of this authorization or my signature thereon may be used with the same effectiveness as an original, I accept my digital signature as valid and I understand that Privacy Practices are subject to change.**

Your Name (Print): \_\_\_\_\_ Relationship: **SELF PARENT/GUARDIAN REPRESENTATIVE**

Your Signature: **X** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_