



*The NJ Center for
Aesthetic Enhancement*
Changing the Face of Dentistry

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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully and acknowledge receipt by your signature at the end of this notice.

This notice describes how Dr. Freund may use and disclose your protected health information. Dr. Freund will share patient health information as is necessary to provide quality health care. Dr. Freund is required by law to maintain the privacy of our patient's health information and to provide patients with this Notice so long as it remains in effect and we reserve the right to change the terms of this Notice of Privacy Practices as necessary. A copy of any revised notices will be mailed to your address maintained on file.

Uses and Disclosures of Your Health Information

Dr. Freund is committed to maintain the confidentiality of your health information. However, your health information may be used and disclosed as customary and reasonable for purposes of treatment, payment, and health care operations and pursuant to a signed authorization form. You have the right to revoke that authorization in writing unless any action has been taken in reliance on the authorization.

Treatment, Payment, and Health Care Operations

(Except as otherwise provided, or with your signed consent), Dr. Freund will use and disclose your health information for purposes of treatment, payment, and as otherwise necessary and permitted by law, for our healthcare operations. This may include disclosure to other healthcare providers who, at the request of your physician, becomes involved in your treatment.

With this consent, Dr Bruce Freund and /or the office staff may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, Dr Bruce Freund and /or the office staff may mail to my home or other alternative location any items that assist the practice, such as appointment reminder cards and patient statements.

With this consent, Dr Bruce Freund and /or the office staff may e-mail to my home or other alternative location any items that assist the practice, such as appointment reminder cards and patient statements. I have the right to request that Dr Bruce Freund and /or the office staff restrict how it uses or discloses my PHI. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

Business Associates

At times, it may be necessary for us to provide your health information to certain outside persons or organizations that assist us with our healthcare operations, such as auditing, accreditation, legal services, etc. These business associates are required to properly safeguard the privacy of your health information.

Family and Friends

With your approval and using our professional judgment, your health information may be disclosed to designated family, friends, and others who are directly involved in your care or payment of your care. If you are unavailable, incapacitated, or in an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

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When your information is used or disclosed pursuant to this authorization, it may be subject to disclosure by the recipient and may no longer be protected by federal HIPPA Privacy Rule. You have the right to revoke this authorization in writing except when Dr. Freund has acted in reliance upon this authorization. Your written revocation must be submitted to our office at 700 E Palisade Avenue, Englewood Cliffs, NJ 07632

Printed Name of Patient

Signature of Patient

Date