



Notice of Privacy Practices Noorani Orthodontics

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- **Get a copy of your paper or electronic medical record:** You can ask to see or get a copy of your health records. We will provide a copy or a summary within 30 days of your request.
- **Correct your medical record:** If you believe that your medical record is incorrect or incomplete, you may request a correction.
- **Request confidential communication:** You can ask us to contact you in a specific way (for example, at your home or office phone).
- **Ask us to limit what we use or share:** You can ask us not to use or share certain health information. We will comply unless it affects your care.
- **Get a list of those with whom we've shared your information:** You can request an accounting of disclosures of your health information.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time.
- **Choose someone to act for you:** If you have a medical power of attorney or are a legal guardian, you can exercise your rights and make choices about your health information.
- **File a complaint:** If you believe your privacy rights have been violated, you can file a complaint with us or with the U.S. Department of Health and Human Services.

Your Choices

For certain information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know:

- **Involve family in your care:** We may share information with your family, close friends, or others involved in your care.
- **Provide disaster relief:** We may share your information in a disaster relief situation.
- **Marketing and fundraising:** We will only use your information for marketing or fundraising purposes with your explicit permission.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

- **Treatment:** We can use your health information and share it with other professionals who are treating you.
- **Payment:** We can use and share your health information to bill and get payment from health plans or other entities.
- **Healthcare Operations:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.

How else can we use or share your information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Contact Us

If you have any questions about this notice, please contact: Noorani Orthodontics, 410-879-1180, orthobelair@greatsmileforyou.com, 4A North Avenue, Suite 208, Bel Air, MD 21014