pashapour
ORAL+FACIAL SURGERY
1016 NORTH HIGHLAND STREET, SUITE 131, ARLINGTON, VA, 22201

STATEMENT OF PRIVACY PRACTICES

Our office is dedicated to protecting the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any change that may affect your rights.

PROTECTING YOUR PERSONAL HEALTHCARE INFORMATION

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability Act and the state of Virginia. This includes issues relating to your treatment, payment, and our health care operations. Your personal health information will never be otherwise given to anyone–even family members–without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Individual name and contact number that you authorize to be involved in your care:

Name _____ Phone _____ Relationship _____

Our office and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records are always protected. Our privacy policy and practices apply to all former, current, and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

COLLECTING PROTECTED HEALTH INFORMATION (PHI)

We will only request personal information needed to provide our standard of quality health care, implement payment activities, conduct normal health practice operations, and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the fullest extent of the law.

DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use your information for marketing purposes without your written consent. We may use and/or disclose your health information to communicate reminders about appointments, including voicemail messages, text messages, and emails.

Any breach in the protection of your personal health information, including unauthorized acquisition, access, use, or disclosure, will be fully investigated, addressed, and mitigated as established by the HIPAA Privacy Rule. You have a right to and will be provided all information relating to any breach involving your personal PHI.

You have the right to request copies of your healthcare information and to request copies in a variety of formats. All such requests must be in writing. If you believe your rights have been violated, we urge you to notify our Practice Manager immediately. Contact our office at **(703)566-1990**.

Date _____

Patient Name (Please Print) _____

Patient Signature _____