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NOTICE OF PRIVACY PRACTICES

The security of your personal, private health information is very important to us. This notice describes the steps we take to protect your personal health information, and how health information about you may be disclosed and how you can get access to it. Please review this notice carefully, and let us know if you have any questions about our privacy practices.

OUR LEGAL DUTY

We are required by law to maintain the privacy of your health information, and to take all reasonable steps to keep it safe and private. We are also required to give you this notice about our privacy practices and your rights concerning your health information. We are required to follow the privacy practices as described in this notice while it is in effect, and we will do so. This notice takes effect April 14, 2022, and will remain in effect until we update it.

If we make any changes to our privacy practices, we will update this notice. You may request an updated copy at any time.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please speak to Dr. Rubinstein during your appointment, or contact us using the information listed at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

The most common reasons we might use and disclose your health information would be to facilitate your treatment. If your care involves more than one dentist, physician, or other health care provider, we may share your information with your other doctors to the extent necessary to provide you with optimal care.

Digital images and X-rays: Any time we send your Xrays or other digital images to another doctor, we will attempt do so in a secure file format such as DICOM, which provides maximum fidelity and privacy of the information. Some health care providers do not yet accept these secure formats, in which case they might require us convert the images and send them in .JPG or other common format. We will comply with such requests unless you specifically instruct us otherwise. If other health care providers send us images in .JPG or other insecure format, the images may have deficiencies which could affect their usefulness.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with what the government likes to call “healthcare operations”. In our particular dental practice, “Healthcare operations” refers to providing you with care, quality assessment and improvement programs, and reviewing our internal procedures to make certain they are consistent with (or exceed) currently accepted standards of practice. It can also include, evaluating practitioner performance, conducting training programs, accreditation, continuing education, certification, licensing, or credentialing activities.

Your Authorization: Of course, if you would like your health information shared with anyone else for any reason, just send us a written request authorizing what you need us to do.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information 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.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person’s involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, dental supplies, x-rays, or other similar forms of personal health information.

Marketing Health-Related Services: We will not use your health information for marketing communications.

Required by Law: We may use or disclose your health information when we are required to do so by law. You can assume we will NOT do so unless we are presented with a specific legal notice or requirement, such as a subpoena.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: If you are a member of the United States Armed Forces, we may disclose your health information to military authorities 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 institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, text messages, E-mail, postcards, or letters.) You may opt out of these notifications.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. 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.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. 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 these additional requests.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information 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 you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail(e-mail), you are entitled to receive this Notice in written form.

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 you disagree with a decision we made about access to your health information or in response to a request you made pursuant to the terms of this notice, 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. (It is also available on their website.)

We support your right to the privacy of your health information. We consider ourselves your partner in that effort. If there 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.

Contact Officer: [Dr. Mitchell Rubinstein](mailto:Dr.MitchellRubinstein)
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