



NEW YORK CITY COLLEGE OF TECHNOLOGY
CITY TECH

New York City College of Technology
The City University of New York
Department of Dental Hygiene
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City Tech Dental Hygiene Clinic Notice of Privacy Practices

Effective 02.20.2024

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

We do not share your private health information with any health plans, health care clearinghouses, or those health care providers that conduct certain health care transactions electronically.

All correspondence from the CityTech Dental Studies Clinic will be on-site or by mail to the address on record.

Please review it carefully.

THE DENTAL HYGIENE CLINIC COVERED BY THIS NOTICE

This Notice describes the privacy practices of CityTech Dental Hygiene Clinic (the "Dental Hygiene Clinic"). "We" and "our" means the "CityTech Dental Studies Clinic". "You" and "your" means our patient.

HOW TO CONTACT US/ OUR PRIVACY OFFICIAL

If you have any questions or would like further information about this Notice, you can either write to or call the Privacy Official for our Dental Hygiene Clinic:

Dental Hygiene Clinic Name: CityTech Dental Hygiene Clinic

Privacy Official: Prof. Anna Matthews, Chairperson

285 Jay Street A701

Brooklyn, NY 11201

Dental Hygiene Clinic email address: dentalhygiene@citytech.cuny.edu

Dental Hygiene Clinic phone number: (718) 260-5074

INFORMATION COVERED BY THIS NOTICE

This Notice applies to health information about you that we create or receive and that identifies you. This Notice tells you about the ways we may use and disclose your health information. It also describes your rights and certain obligations we have with respect to your health information. We are required by law to: maintain the privacy of Protected Health Information; give you this Notice of our legal duties and privacy practices with respect to that information; and abide by the terms of our Notice that is currently in effect.

OUR USE AND DISCLOSURE OF YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

Common reasons for our use and disclosure of patient health information

Treatment

We will use your health information to provide you with dental hygiene treatment or services, such as cleaning or examining your teeth or performing other dental hygiene preventative or diagnostic procedures. We may request health information about you from dental specialists, physicians, or other health care professionals involved in your care. You may request an electronic copy of your dental radiographs and other dental records that will be delivered to you via mail to your address on record or made available for pick up at the clinic.

Health Care Operations

We may use and disclose health information about you in connection with health care operations necessary to run our clinic, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance and legal consultation.

Appointment Reminders

We may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, voicemail, or email.

Treatment Alternatives and Health-Related Benefits and Services

We may use and disclose your health information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to you.

Disclosure to Family Members and Friends

We may disclose your health information to a family member or friend who is involved with your care if you provide written authorization to do so.

Emergency

We will disclose relevant health information about you to your emergency contact in case of emergency.

Less common reasons for use and disclosure of patient health information

The following uses and disclosures occur infrequently and may never apply to you.

Disclosures Required by Law

We will disclose patient health information (i) in response to a court or administrative order; (ii) in response to a subpoena, discovery request, or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested; (iii) as otherwise required by law.

Public Health Risks

We may disclose Protected Health Information for public health activities and purposes, which include: preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting adverse reactions to medications or foods; reporting product defects; enabling product recalls; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence

We may disclose health information to the appropriate government authority about a patient whom we believe is a victim of abuse, neglect, or domestic violence.

Health Oversight Activities

We may disclose patient health information to a health oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs, and compliance with certain civil rights laws.

Law Enforcement

We may disclose patient health information to a law enforcement official for a law enforcement purposes, such as to identify or locate a suspect, material witness or missing person or to alert law enforcement of a crime.

Serious Threat to Health or Safety

We may use and disclose patient health information if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety.

Specialized Government Functions

We may disclose patient health information to the military (domestic or foreign) about its members or veterans, for national security and protective services for the President or other heads of state, to the government for security clearance reviews, and to a jail or prison about its inmates.

Workers' Compensation

We may use or disclose patient health information to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

We will make other uses and disclosures of health information not discussed in this Notice only with your written authorization. You may revoke that authorization at any time in writing. Upon receipt of the written revocation, we will stop using or disclosing your health information for the reasons covered by the authorization going forward.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights with respect to certain health information that we have about you. To exercise any of these rights, you must submit a written request to our Privacy Official listed above.

- **Access**
You may request to review or request a copy of your health information. We will provide a copy of your health information in a format you request if it is readily producible. If not readily producible, we will provide it in a hard copy format or other format that is mutually agreeable.
- **Amend**
If you believe that your health information is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances. You will receive written notice of a denial and can file a statement of disagreement that will be included with your health information that you believe is incorrect or incomplete.
- **Restrict Use and Disclosure**

You may request that we restrict use of your health information to carry out treatment, payment, or health care operations or to your family member or friend involved in your care. We may not (and are not required to) agree to your requested restrictions.

- **Confidential Communications: Alternative Means, Alternative Locations**

You may request to receive communications of health information by alternative means or at an alternative location. We will accommodate a request if it is reasonable and you indicate that communication by regular means could endanger you. When you submit a written request to the Privacy Official listed above, you need to provide an alternative method of contact or alternative address.

- **Receive a Paper Copy of this Notice**

You have the right to a paper copy of this Notice. You may ask us to give you a paper copy of the Notice at any time. This notice is available on the CityTech Dental Hygiene Clinic website.

CHANGES TO OUR PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future. We will promptly revise the Notice when there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this Notice. We will post the revised Notice on our website and in our office and will provide a copy of it to you on request. The effective date of this Notice (including any updates) is at the top of this page.

TO MAKE PRIVACY COMPLAINTS

If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting our Privacy Official listed above.