**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 that 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. We will charge you a reasonable cost-based fee for expenses such as copies and staff-time. 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 associated disclose your health information for purposes, other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not records compiled 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 theses additional requests.

**Restriction:** 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 a satisfactory explanation of 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 Notices:** Electronic copies of this form are available on our office website listed below.

**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 to amend or restrict the use of your health information or to have us communicate with you by an alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You 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.**

**We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.**

**Privacy Officer: Virginia Conners**

**Information Officer: Stacy Donohue**

**Telephone : 845-561-2213 Fax: 845-561-2411**

**E-Mail Address:** **genki771219@aol.com****, or** **LustbaderStaff.Stacy@hotmail.com**

**Address: 425 Robinson Avenue, Newburgh, NY 12550**

**Website:** [**www.RobertLustbaderDDS.com**](http://www.RobertLustbaderDDS.com)