

**Notice of Privacy Practices**  
**Morris Azad DDS inc.**  
**Effective Date:** 01/01/2012

This Notice describes how your medical and dental information may be used and disclosed, and how you can access this information. Please review it carefully.

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## **Your Rights**

You have the right to:

- Get a copy of your dental and medical records
- Request corrections to your records
- Request confidential communication
- Ask us to limit what we use or share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act on your behalf
- File a complaint if you believe your privacy rights have been violated

## **Our Uses and Disclosures**

We may use and share your information as we:

- Provide and coordinate your dental care
- Bill for your dental services
- Comply with legal requirements
- Work with public health and safety officials
- Conduct research (with your consent if required)
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will inform you if a breach occurs that may compromise the privacy or security of your information.
- We will follow the duties and privacy practices described in this notice.
- We will not share your information other than as described here unless you provide written permission.

## **Changes to This Notice**

We reserve the right to change the terms of this Notice at any time, and the changes will apply to all information we have about you. The new notice will be available upon request and posted in our office and on our website (if applicable).

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