

**Zahra Kavianpour D.D.S, P.C.**  
**Brighter Smile Family & Cosmetic Dentistry**  
**46400 Benedict Dr. Suite #109**  
**Sterling, VA, 20164**

**Phone: 703-444-3412 Fax: 703-444-3409**

**Notice of Privacy Practices for Protected Health Information**

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.**

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documents for those services.

**Your Health Information Rights**

The health and billing records we maintain are the physical property of Dr. Zahra Kavianpour's Office. You have the following rights with respect to your protected health information.

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted.
2. Obtain a paper copy of the Notice of Privacy Practices for Protected health Information ("Notice") by making a request at our office.
3. Right to inspect any copy of your health record and billing record. You may exercise this right by delivering the request in writing to our office using the form we provide you upon request. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. If you request copies, we may charge a small fee. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format.
4. Rights to appeal a denial of access to your protected health information, except in certain circumstances.
5. 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. Dr. Zahra Kavianpour is not required to make such amendments. You may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
6. Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide you upon request. An accounting will not include internal uses of information of treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
7. Right to confidential communication by requesting that communication of your health information be made by alternate means or at an alternative location by delivering the request in writing to our office using the form we provide you upon request. If you want to exercise any of the above rights, please contact Sarah, at 703-444-3412, 46400 Benedict Dr Suite # 109, Sterling, VA 20164, in person or in writing.

**Our Responsibilities**

Our Office is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you
- Abide by the terms of the notice.
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Accommodate your request for any accounting disclosures.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice. You are entitled to receive a revised copy of the notice by calling and requesting a copy of our "Notice", by visiting our office and picking up a copy, or by downloading the revised copy from our website.

**To request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Sarah, at 703-444-3412, 46400 Benedict Dr Suite #109, Sterling, VA 20164. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Sarah. You also may submit a written complaint to the U.S. Department of Health and Human Services. We cannot, and will not, require you to waive the right to file a complaint with the secretary of Health and Human Services (HHS) as a condition of receiving treatment from this office. We cannot, and will not retaliate against you for filing a complaint with the Secretary of Health and Human services.

## ACKNOWLEDGEMNT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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You may refuse to sign this agreement.

I have received a copy of Dr. Zahra Kavianpour's Notice of Privacy Practices.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Parent or Guardian if Minor)

\_\_\_\_\_  
Date

### For Office Use ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices for Protected Health Information, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining to acknowledgment
- An emergency situation prevented us from obtaining the acknowledgement
- Other ( Please specify)

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