



**MARVIN D. GOLDENSTEIN, D.D.S.**  
*ORAL AND MAXILLOFACIAL SURGEON*

www.goldensteindds.com

Las Palmas Medical Plaza  
16620 North 40th Street  
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### SUMMARY OF PRIVACY PRACTICES

This summary of our privacy practices contains a condensed version of our Notice of Privacy Practices. Our full-length Notice follows this summary.

Date of Last revision: June 10, 2003  
Effective Date: Immediately

#### **This information is made available on request by a patient**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create medical records about your health, our care for you, and the services and/or items we provide to you as our patient. By law, we are required to make sure that your protected health information is kept private.

How will we use or disclose your information? Here are a few examples (for more detail please refer to the Notice of Privacy Practices that follows this summary):

- \*\* For medical treatment
- \*\* To obtain payment for our services
- \*\* In emergency situations
- \*\* For appointment & patient recall reminders
- \*\* To run our practice more efficiently and ensure all our patients receive quality care
- \*\* For research
- \*\* To avert a serious threat to health or safety
- \*\* For organ & tissue donation
- \*\* For workers' compensation programs
- \*\* In response to certain requests arising out of lawsuits or other disputes

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our office manager. The Office Manager can be reached at this number: 602-971-7181.

All complaints must be submitted in writing to the following address:

Marvin D. Goldenstein, DDS  
Attn: Office Manager  
16620 North 40<sup>th</sup> Street  
Suite H-1  
Phoenix, Arizona 85032

You will not be penalized for filing a complaint.

*Practice Limited to  
Oral and Maxillofacial Surgery*

You have certain rights regarding the information we maintain about you. These rights include:

- \* The right to inspect and copy
- \* The right to request restrictions
- \* The right to amend
- \* The right to a paper copy of this notice
- \* The right to an accounting of disclosures
- \* The right to request confidential communications

For more information about these rights please see the detailed Notice of Privacy Practices that follows this summary.

I have read and understand the information in this form. I have been provided a copy of the complete Detailed Notice of Privacy Practices and provided the opportunity to read it. My signature below attests to the above statements.

\_\_\_\_\_  
Printed name of patient or representative

\_\_\_\_\_  
Signature of Patient or Representative

I requested a copy of the detailed Notice of Privacy Practices to take with me and one was given to me.

\_\_\_\_\_  
Printed name of patient or representative

\_\_\_\_\_  
Signature of Patient or Representative

Dr. Goldenstein's office is authorized to contact me or leave messages via the methods of communication I have checked off below.

Home telephone \_\_\_\_\_ number: \_\_\_\_\_

Cell phone \_\_\_\_\_ number: \_\_\_\_\_

Work telephone \_\_\_\_\_ number: \_\_\_\_\_

Okay to leave messages \_\_\_\_\_

E-mail \_\_\_\_\_ Email address: \_\_\_\_\_

Fax \_\_\_\_\_ number: \_\_\_\_\_

Signature of Patient or Representative: \_\_\_\_\_