



Boston University Henry M. Goldman
School of Dental Medicine



PATIENT GUIDE

MARCH 2026

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Welcome

Welcome to the Patient Treatment Center at Boston University Henry M. Goldman School of Dental Medicine (GSDM). We take pride in offering quality dental care at a reasonable cost, minutes from downtown Boston.

We offer a complete program of dental services with an emphasis on preventative and restorative dentistry. The Center meets or exceeds infection control practices recommended by OSHA and the CDC. School facilities are licensed by the Massachusetts Department of Public Health and accredited by the American Dental Association's Commission on Dental Accreditation.

Patients with basic dental needs such as prophylaxis (cleanings), direct restorations (fillings), small-span bridges and single crowns, simple periodontal care (gums), most full and partial dentures, and simple implants are seen in the Predoctoral Patient Treatment Center, where dental students provide quality care under the supervision of faculty dentists.

If you require more involved treatment, such as advanced restorative work, extensive periodontal treatment, orthodontics, root canal therapy, oral surgery, or complex crown and bridge work, you may be treated in one of our specialty areas. These specialty departments are staffed by graduate dentists, many of whom have years of experience and are continuing their studies. Dental care in the specialty areas is performed under the supervision of faculty dentists.

Because of the complex nature of specialty treatment, treatment costs are somewhat higher in the postdoctoral specialty clinics than in the Predoctoral Patient Treatment Center, although they are still less than private sector costs.

GSDM is an educational institution committed to providing patient-centered, comprehensive care.

What does “patient centered” mean? This means that the school provides appropriate oral healthcare that is respectful of and responsive to individual patient preferences, needs and values, and ensures that these helps guide clinical decisions for and by the patient.¹

What does “comprehensive” mean? This means that the school’s philosophy is to provide total oral healthcare to patients. Comprehensive care is a system of patient care in which individual students or providers: examine and evaluate patients; develop and prescribe a treatment plan; perform the majority of care required, including care in several disciplines of dentistry; refer patients to recognized dental specialists as appropriate; and assume responsibility for ensuring acceptable outcomes of treatment.²

What is the school’s commitment to patient-centered, comprehensive care? The school appreciates and respects the valuable role that patients have in the education and training of our students and residents. To ensure that the oral healthcare needs of patients are commensurate with the educational needs of students/residents, individuals seeking care in the school will be initially screened to ascertain the complexity of their treatment needs and the appropriateness of their receiving care at the school. If the individual meets the educational mission of the school, they will be subsequently assigned either to a predoctoral (i.e., “student”) clinic or to a postdoctoral (i.e., “resident”) clinic. Such assignment is based on patient needs as well as on the school’s ability to accommodate the patient’s stage of life, language, special needs, or other unique considerations. It should be further noted that the school’s educational program requires students/residents to participate in various intramural and extramural rotations or externships (i.e., “fieldwork”) for several weeks at a time. This may interrupt and possibly delay patient care. In these instances, continuity and timeliness of patient care will be evaluated on a case-by-case basis. In these ways, the school demonstrates its commitment to realizing the mutual goals of our patients and our students/residents.

¹ Crossing the Quality Chasm: A New Health System for the 21st Century. Committee on Quality of Health Care in America, Institute of Medicine, National Academies Press, 2001.

² Self-Study Guide for Dental Education Programs. Commission on Dental Accreditation, American Dental Association, 2014.

During your first appointment in the predoctoral treatment center, you will register, complete forms, and receive a dental and oral examination. If you need radiographs (X-rays), the student dentist will take digital radiographs. Please bring any other pertinent medical information to facilitate your dental treatment. This initial visit will likely take three hours.

If you have had radiographs taken within the last year, make sure GSDM has received them prior to the appointment, or bring them with you to your first appointment so the radiology staff can evaluate their diagnostic value.

During this initial visit, it will be determined if you are a teaching case for the school. Based on the complexity of the treatment, you will be assigned to a student and a Group Practice, or to a specialty clinic. At your next visit, the student and their supervising faculty member will finalize a treatment plan, and in most cases, you will also have your teeth cleaned.

To schedule this first diagnostic visit, please call 617-358-8300 between 8 a.m. and 4:30 p.m. on weekdays.

Urgent Care Services

URGENT DENTAL CARE

The goal of urgent care dental treatment is to help alleviate pain and deal with acute problems such as infection and trauma. For emergency dental treatment, please call 617-358-8300 to inquire about hours of service. For any follow-up care, we recommend that you arrange an appointment by calling 617-358-8300 for a comprehensive evaluation.

AFTER-HOURS EMERGENCY COVERAGE

If you are already an existing patient of record at GSDM and have a dental emergency when the Urgent Care Center is closed, please call 617-358-0190.

IMPORTANT NUMBERS

Urgent dental care
617-358-8300

After-hours emergency
617-358-0190

Specialty Services

In addition to basic dental procedures, we offer care in the following areas:

ENDODONTICS

Root canal therapy

ORAL & MAXILLOFACIAL SURGERY

Diagnosis and surgical treatment of diseases and injuries of the mouth, jaw, and related structures, including implantology, temporomandibular disorders (TMD), and craniofacial disorders

COSMETIC DENTISTRY

Porcelain veneers, bleaching, and tooth-colored fillings

IMPLANT DENTISTRY

Replacement of missing teeth using fabricated roots that support replacement teeth

ORTHODONTICS & DENTOFACIAL ORTHOPEDICS

Adjustment of the position and alignment of the teeth using corrective appliances or braces (available for both children and adults)

PEDIATRIC DENTISTRY

Limited services for children up to age 18

PERIODONTICS

Diagnosis and treatment of diseases affecting the structures around the teeth (gums) and including implant placement

PROSTHODONTICS

Restoration of damaged or missing teeth with crowns, bridges, or removable dentures to improve the bite as well as appearance. The treatment, often for complex dental conditions, may include restorations supported by implants.

Payment & Additional Info

Dental care services offered by GSDM cost considerably less than services provided by most local private practices. Fees for comprehensive care and specialty treatment areas are different, and the total cost of your treatment plan can be discussed with your provider. Payment for all out-of-pocket costs is expected when services are rendered; we accept cash, personal checks, VISA, MasterCard, American Express, and Discover.

We currently participate within the Approved Network of Providers for the following insurances: Delta Dental PPO/Premier, Blue Cross Blue Shield, MassHealth, Commonwealth Care Alliance, Tufts Senior Care Option, Senior Whole Health, and BMC HealthNet Plan Senior Care Option. If you have one of these insurances, you will only be responsible for paying the percentage of fees not covered by your specific plan.

If you have another insurance plan, please verify with your company to see if it will accept GSDM as your provider. In these instances, where GSDM is an “out-of-network provider,” we will require full payment at the time of treatment; we will then aid you in submitting the appropriate insurance claim form.

For more information regarding fees and financial policies, inquire at Patient Financial Services on 617-358-3900.

KEEPING YOUR APPOINTMENTS

Your decision to come to the GSDM Patient Treatment Center for treatment implies a commitment to continue with your care until it is completed, to arrive for appointments on time, to stay for the entire three-hour clinic appointment, and to give at least 48-hours’ notice when cancelling appointments. Arriving more than 15 minutes late for your appointment may result in it being rescheduled. Multiple missed appointments or late arrivals may result in dismissal from our clinic.

CONVENIENT HOURS FOR YOU

The Patient Treatment Center is open to the public from 8:30 a.m. to 5 p.m., weekdays, except school holidays. Extended hours are available on some evenings.

Payment & Additional Info

PATIENT CONCERNS

While every effort is made to ensure that you are satisfied with your dental care, occasionally patients have concerns about their treatment. If you have a concern about your treatment, it is often helpful to speak with the dental faculty member supervising your treatment or the front desk supervisor and clinical manager on the floor where you are being treated. If you require additional assistance, please contact Patient Relations at 617-358-3320.

Directions & Parking

We're easy to find. GSDM is located on the corner of East Newton Street and Albany Street at 635 Albany Street. We are part of the Boston University Medical Campus (BUMC).

PARKING

Parking is available at a discounted rate in the parking garage at 710 Albany Street, diagonally across from GSDM.

DRIVING DIRECTIONS

From the North

Follow Route 1 (Via Mystic/ Tobin Bridge) to I-93 South. Take Exit 18 (Massachusetts Ave). At traffic light, take a right onto access road; stay in right lane. At end of access road, turn right onto Massachusetts Ave. then take first right onto Albany St. GSDM is on the left side at the corner of East Newton and Albany, located at 635 Albany Street.

From the South

Take I-93 Route 3 (Southeast Expressway) North to Boston. Take Exit 18. Watch for signs. At second traffic light, take a left onto access road stay in right lane. At end of access road, turn right onto Massachusetts Ave. then take first right onto Albany St. GSDM is on the left side at the corner of East Newton and Albany, located at 635 Albany Street.

From the West

Take the Massachusetts Turnpike (I-90) East to end. Take I-93 South to Exit 18 (Massachusetts Ave). At traffic light, take a right onto access road; stay in the right lane. At end of access road, turn right onto Massachusetts Ave. then take first right onto Albany St. GSDM is on the left side at the corner of East Newton and Albany streets, located at 635 Albany Street.

Public Transportation

BY BUS

Four regular bus routes (Bus # 1, 8, 10, and 47), one Crosstown (CT) express bus routes (Bus CT3), and two rapid transit service buses of the Silver Line (SL4 and SL5), serve BUMC, where GSDM is located. Please check individual schedules for times.

All buses operate seven days per week with less frequent service on Saturday and Sunday, except the CT3 bus, which does not operate on weekends.

BY SUBWAY

None of the subway lines stop directly at GSDM, however the closest subway stations to GSDM are Massachusetts Ave (Orange Line), Broadway (Red Line), and Andrew (Red Line). Connecting buses run from each of these stations to GSDM.

More detailed information on bus and subway routes and schedules are available on the MBTA's website, www.mbta.com, or by calling the MBTA at 617-222-3200.

Patient Rights & Responsibilities

As a patient at GSDM, you have the right to:

Care and Treatment

- Prompt, life-saving treatment in the event of a dental emergency, without discrimination or delay because of your economic status or how you will pay.
- Refuse to serve as a research subject.
- Refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.
- If you are refused treatment for economic status or lack of a source of payment, assistance in transferring your care to a facility that agrees to treat you.
- Refuse to be examined, observed, or treated by students or any other staff member.
- Except in an emergency, choose an available facility and physician, and the type of health service for your care, provided the facility, physician, or health service is able to accommodate you.

Communication

- Obtain a copy of GSDM's rules and regulations relating to patient conduct.
- Obtain the name and specialty of those providing care to you upon request.
- Obtain information about the relationship of GSDM and your treating providers with any other healthcare facility or educational institution, as it relates to your care, upon request.
- Receive information necessary to make an informed decision about the recommended procedure/treatment (including benefits, risks, and available alternatives), to the extent provided by law.
- Have reasonable requests responded to promptly and adequately within GSDM's capacity.

Privacy and Confidentiality

- Privacy during treatment and rendering of care.
- Confidentiality of your records and communications to the extent provided by law.

Medical Records and Financial Information

- Inspect and get a copy of your medical records, upon request.
- Receive an itemized bill (regardless of the sources of payment) upon request and have a copy sent to the provider responsible for your care at GSDM.
- Obtain information regarding any financial assistance or free health care, if any, upon request.

Patient Rights & Responsibilities

As a patient at GSDM, I have the following responsibilities:

1. Teaching Institution. I am responsible for understanding that GSDM is a teaching institution. My provider will be a student practicing dental medicine under the supervision of a licensed faculty dentist. I understand that I may not be accepted as a patient if my dental needs are not appropriate for GSDM's educational mission.

2. Accurate Information. I am responsible for providing accurate and complete information regarding my medical and dental history. I am also responsible for providing accurate information regarding my dental insurance. In addition, I am responsible for notifying GSDM of any changes during the course of my treatment to my insurance and my medical history.

3. Keeping Appointments. I am responsible for arriving promptly for my scheduled appointments, and for and remaining for the entire duration of the appointment. I am responsible for telephoning at least 48 hours in advance if I cannot keep a scheduled appointment.

4. My Responsibility for my Dental Health. I am responsible for my dental health and for making decisions about my treatment. I am responsible for following the treatment plan that I agreed to with my provider to maintain continued care and being compliant to the instructions I am given. I am responsible for any follow-up communication and scheduling for my continued treatment.

5. Conduct. I am responsible for behaving respectfully and with courtesy toward other patients and toward all students, faculty, and staff of GSDM. My behavior will not be disruptive or threatening. I will respect the physical property of GSDM. I understand that my care may be discontinued if I display or use inappropriate behavior or language.

6. Prohibited Behaviors. I will not smoke or use alcohol or drugs in and around the GSDM facility. I will not bring weapons into any GSDM facility.

7. Financial Responsibility. I understand I need to pay for my dental services, and I must state my agreement with the fees prior to signing my treatment plan. When I have signed my treatment plan, I acknowledged that changes may become necessary during the course of treatment and, if that is the case, my provider will explain these changes to me including any change in cost. I am responsible for payment at the time of treatment. If I have dental insurance that GSDM are in contract with, GSDM will bill my insurance company, and I will pay all applicable co-payments, co-insurances, at the time of service. I will also be responsible for any fees that my insurance company

Patient Rights & Responsibilities

doesn't pay. GSDM is not responsible for monitoring my insurance coverage. If I do not have dental insurance, or if my insurance does not cover the services listed in my treatment plan, I will pay in full for services at the time of treatment. I acknowledge that the Fee Estimate is an estimate only, and my final fees for this treatment may be different. Any changes in my treatment may change the amount of fees I will owe. The fee estimate is based on the GSDM fee schedule currently in effect. That fee schedule may change annually and that may affect the final amount due for my treatment. If I have questions about the fees during my treatment, I will talk to my provider or a Patient Care Coordinator. If I fail to pay fees as they are due, I understand that GSDM may discharge me as a patient.

8. Children. I understand I cannot bring any minor children into any patient care/treatment areas at GSDM when I have an appointment, and I cannot leave minor children unattended in the reception and waiting areas while I am receiving care. (The Pediatric and Orthodontic departments have discretion to make exceptions.)

9. Cell Phones. I am responsible for setting my cell phone and any other personal electronic devices to silent or vibration mode at all times when I am in the patient treatment center. I will exercise common courtesy while using the cell phone in patient waiting areas. I will not take videos, pictures, or audio recordings anywhere in the school or Patient Treatment Center.

I understand that if I do not fulfill my responsibilities listed above, GSDM may discontinue treatment after providing me notice and the opportunity to obtain the services of another dentist.

HIPAA Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES FOR BU HEALTHCARE PROVIDER HIPAA COVERED COMPONENTS

Effective Date: February 16, 2026

THIS NOTICE OF PRIVACY PRACTICES (“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.

If you have any questions about this Notice, please contact:

Name: Jessica Captain Novick

Title: BU Chief Health Privacy Officer

Email: HIPAA@bu.edu

Telephone: 617.358.3124

SECTION A: WHO WE ARE

This Notice describes the privacy practices for the BU Healthcare Provider HIPAA Covered Components (the “BU HIPAA Providers”), which are as follows:

- **Boston University Henry M. Goldman School of Dental Medicine**
635 Albany Street, Clinical Affairs Suite 345, Boston, MA 02118
HIPAA Contact: Office of Quality Management and Compliance at
GSDMComp@bu.edu or (617) 358-6100

Our employees, volunteers, students, and other health care professionals must comply with this Notice.

SECTION B: OUR PLEDGE REGARDING PHI

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that we protect the privacy of your health information, known as, “protected health information” or “PHI,” and we are committed to doing so. We create a record of the care and services you receive, so we can provide you with quality care and comply with certain legal requirements.

HIPAA Notice of Privacy Practices

This Notice applies to all of the records of your care generated or maintained by any of our BU HIPAA Providers. This Notice will tell you about the ways in which we may use and disclose your PHI. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- maintain the privacy of PHI about you, consistent with the requirements of HIPAA;
- give you this Notice of our legal duties and privacy practices with respect to your PHI;
- follow the terms of the Notice that is currently in effect; and
- notify you in the event there is a breach of your unsecured PHI.

We know this Notice is long, but the law requires us to describe in detail the ways that we may use and disclose your PHI, as well as your legal rights and our legal duties with respect to PHI.

SECTION C: HOW WE MAY USE AND DISCLOSE YOUR PHI

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Please be aware that PHI disclosed pursuant to this Notice may be redisclosed by the recipient and may no longer be protected by HIPAA, other federal privacy laws, or applicable state laws.

We May Use And Disclose Your PHI For Treatment, Payment, Or Health Care Operations Without Your Written Authorization

The following categories describe the different ways we may use and disclose PHI without your authorization for treatment, payment, or health care operations:

HIPAA Notice of Privacy Practices

- **Treatment.** To provide, coordinate, or manage, your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your healthcare with others. In addition, we may use and disclose PHI about you when referring you to another health care provider. For example, we may send a report about your care from us to a physician that we refer you to so that the other physician may treat you. We also may disclose your PHI for the treatment activities of another health care provider. We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care with us. We also may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Payment.** To bill or collect payment or determine health insurance eligibility. For example, we may give your health plan information about a medical procedure that we performed for you, so your health plan will pay us or reimburse you for the procedure. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations.** To operate. These uses and disclosures are necessary to run our operations and to make sure that all of our patients receive quality care. For example, we may use PHI to evaluate the performance of our staff in caring for you. We may combine PHI to decide what additional services we can offer, what services are not needed, and whether certain new treatments are effective. We may use or disclose PHI to an outside organization that evaluates, certifies, or licenses health care providers or staff. We may disclose information to other medical institutions for review and learning purposes.
 - **Fundraising.** We may contact you as part of our fundraising efforts. Our fundraising communications will include information about how you may opt out of future fundraising communications. If we intend to use or disclose substance use disorder treatment records subject to 42 C.F.R. Part 2 ("Part 2 Records") for fundraising, we will provide you with an opportunity to elect not to receive any fundraising communications prior to using Part 2 Records for fundraising purposes.

HIPAA Notice of Privacy Practices

- **Business Associates.** We may disclose your PHI to our business associates (and our business associates may disclose your PHI to their subcontractors) so that they can perform the job we have asked them to do. However, we require our business associates and their subcontractors to appropriately safeguard your information. Examples of such services are answering services, transcriptionists, billing services, and consultants.
- **Organized Health Care Arrangement.** We may disclose PHI for the health care operations activities of an organized health care arrangement (“OHCA”), in which we may participate. An example of an OHCA is the joint care provided by a hospital and the doctors who see patients at the hospital.

We Are Permitted Or Required To Use or Disclose Your PHI Without Your Written Authorization Or The Opportunity To Agree Or Object

We are permitted or required to use your health information or disclose your health information to others without your written authorization or the opportunity to agree or object, as follows:

- **Required by Law.** When required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- **Public Health Activities.** For public health activities under certain circumstances, such as preventing disease, helping with product recalls, and reporting adverse reactions to medications.
- **Victims of Abuse, Neglect or Domestic Violence.** To a government authority if we reasonably believe you to be a victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities.** To a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure or disciplinary actions.

HIPAA Notice of Privacy Practices

- **Judicial and Administrative Proceedings.** To a court or administrative order or in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Provided, however, in no event will we use or disclose your Part 2 Records, or testimony that describes the information contained in your Part 2 Records, in any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority, against you, unless authorized by your consent or a court order after you are provided notice of the court order and the opportunity be heard.
- **Law Enforcement Purposes.** To law enforcement officials for a law enforcement purpose in limited circumstances.
- **Coroners, Medical Examiners and Funeral Directors.** To a coroner or medical examiner or to funeral directors as necessary to carry out their duties
- **Cadaveric Organ, Eye or Tissue Donation Purposes.** To organizations that handle organ procurement or organ, eye, or tissue transplantation.
- **Prevent a Serious Threat to Health or Safety.** To prevent a serious threat to your health or safety, or the health or safety of the public or another person
- **Specialized Government Functions.** For military, national defense and security, and other special government functions and to a correctional institution if you are an inmate.
- **Workers' Compensation.** For workers' compensation or similar programs.
- **Research.** For research preparation and research that has been granted a HIPAA waiver of authorization from the Institutional Review Board or when certain requirements of the law are met; otherwise, a written authorization is required for research.

We Can Use And Disclose PHI Without Your Written Authorization, But You Have The Opportunity To Agree Or Object

We are permitted to use or disclose your health information to others without your written authorization, but you have the opportunity to agree or object, as follows:

- **Individuals Involved in Your Care or Payment for Your Care.** To your family member, close friend, or any other person involved in your care.
- **Disaster Relief Purposes.** To a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

HIPAA Notice of Privacy Practices

- **Directory.** Limited information about you in our facility directory (if one exists).

We Are Subject To Federal And State Laws That Give Special Protection To Certain Types Of Highly Confidential PHI

There are federal and state laws that give special protection to certain types of highly confidential health information, and we will comply with these laws if applicable. This includes:

- **Part 2 Records.** If you provide a general consent to a substance use disorder treatment program that is covered by 42 C.F.R. Part 2 (“Part 2 Program”) to allow us to receive or maintain your Part 2 Records for purposes of treatment, payment, or health care operations, we can use and disclose your Part 2 Records for treatment, payment, or health care operations, and as otherwise provided without written authorization, as described in this Notice, without your additional consent. If we receive or maintain your Part 2 Records through a specific consent you provide to us or another third party, we will use and disclose your Part 2 Records only as expressly permitted by you in your consent. If we do not have consent, we will not be able to use or disclose your Part 2 Records, except in very limited situations pursuant to the law, like a medical emergency.
- **Other Highly Confidential Health Information.** HIV/AIDS testing or test results, genetic testing and test results, information about sexually transmitted diseases, information related to diagnosis or treatment of pregnancy, sensitive information such as sexual assault, human trafficking, or domestic violence counseling records or communications between you and a social worker, psychologist, psychiatrist, psychotherapist or licensed mental health nurse clinical specialist, and psychotherapy notes or counseling notes from a Part 2 Program (“SUD counseling notes”) generally require your written consent for use or disclosure. However, there are limited circumstances under the law when this information may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Massachusetts Department of Health.

There Are Situations that Require a Written Authorization To Use or Disclose Your PHI

We may not use or disclosure PHI about you without your written authorization in the following situations:

HIPAA Notice of Privacy Practices

- **Marketing.** For solicitation or marketing the sale of goods or services (not including a face-to-face communication or a promotional gift of nominal value).
- **Sale of PHI.** In connection with a sale of PHI, as defined in HIPAA.
- **Other Uses and Disclosures Not Described in this Notice.** For other uses and disclosures of PHI not described in this Notice.

If you provide us with written authorization, then we may make these types of uses and disclosures of PHI. Any written authorization you give us for such purposes may be revoked by you at any time, except if we have already acted based on it.

SECTION D: YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the below rights regarding PHI we maintain about you. Please contact the HIPAA Contact at the applicable BU HIPAA Provider to obtain a copy of the relevant form you will need to make your request to exercise such rights. You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of their authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. We retain discretion to deny a personal representative access to your PHI to the extent permissible under applicable law.

- **Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care, excluding psychotherapy and SUD counseling notes. We may deny your request to inspect and copy PHI in certain circumstances. If you are denied access to PHI, in some cases, you may request that the denial be reviewed. A modest fee may be charged if you request a copy of the information. Please speak to your clinician or the HIPAA Contact at the applicable BU HIPAA Provider if you have questions about making a request.
- **Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information by submitting your request in writing to the HIPAA Contact at the applicable BU HIPAA Provider. We may deny your request if it is not in writing with a supporting reason or we believe the information you wish to amend is accurate and complete, the PHI was not created by us, or other special circumstances apply.

HIPAA Notice of Privacy Practices

- **Right to an Accounting of Disclosures.** You have the right to request a record of certain non-routine disclosures we made about you that were not for a treatment, payment or operations purpose. Disclosures to you, disclosures you authorize, and disclosures that are permitted or required without your authorization will not be included. Your request must be in writing to the HIPAA Contact at the applicable BU HIPAA Provider. The period may not exceed 6 years from the date of the disclosure or include any dates prior to April 14, 2003. The first list you request within a twelve (12) month period will be free. We may charge you for the costs of providing additional lists.
- **Right to Request Restrictions.** You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or health care operations or to someone who is involved in your care (for example, a family member or friend). Your requested restriction must be in writing to the HIPAA Contact at the applicable BU HIPAA Provider. Generally, we are not required to agree to your request, but if we do agree, we will comply with your request unless otherwise required by law, in emergencies, or when the information is necessary for treatment. We also will not deny your request to restrict disclosure to a health plan: if it is for purposes of carrying out payment or health care operations and is not otherwise required by law; or the information pertains solely to a health care item or service for which we have been paid out of pocket in full.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to the HIPAA Contact at the applicable BU HIPAA Provider.
- **Right to 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 copy of this Notice at any time. Please contact the HIPAA Contact at the applicable BU HIPAA Provider to obtain a paper copy of this Notice.
- **Right to Receive Notice of a Breach.** We are required to notify you after a breach of your unsecured PHI has occurred.

HIPAA Notice of Privacy Practices

- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a written complaint with us by contacting the HIPAA Contact at the applicable BU HIPAA Provider or the Chief Health Privacy Officer identified on the first page of this Notice. You may also wish to file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services, which can be done online here: <https://www.hhs.gov/ocr/complaints/index.html>. **You will not be penalized for filing a complaint.**

SECTION E: RECORD RETENTION

We keep your medical record for 20 years after your discharge or final treatment. Other types of records are kept for the periods required by applicable law. Our internal policies govern the secure retention and destruction of records. A copy of our record retention policy is available upon request.

SECTION F: CHANGES TO THIS NOTICE

We reserve the right to change this Notice. Revised Notices will be posted in our office and on our website. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. You may request a copy of the current Notice at any time.

Notice of Nondiscrimination

Notice Informing Individuals and Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination is Against the Law.

Boston University Henry M. Goldman School of Dental Medicine (GSDM) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR §92.101(a)(2)). GSDM does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

GSDM:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, please call 617-358-3320.

If you believe that GSDM has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the section 1557 Coordinator in person or by mail, phone, or email at:

Office of Quality Management and Compliance

Boston University Henry M. Goldman School of Dental Medicine 635 Albany Street,
Clinical Affairs Suite 345
Boston, MA 02118
Phone: 617-358-6100
Email: GSDMComp@bu.edu

If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

Notice of Nondiscrimination

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> , or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html> .

The notice is available at GSDM's website: <https://www.bu.edu/dental/patient-care/notice-of-nondiscrimination/>.

