

## NOTICE OF PRIVACY PRACTICES

### Protecting Your Confidential Health Information is Important to Us

#### Notice of Privacy Practices

This notice describes how your Protected Health Information (referred to as PHI) may be used and disclosed and how you can obtain access to this information. Please review it carefully.

We want you to know about the policies and procedures we developed to make sure your Protected Health Information (PHI) will not be shared with anyone who does not require it.

Our office is subject to State and Federal law regarding the confidentiality of your PHI and in keeping with these laws we want you to understand our procedures and your rights as our valuable patient.

We will use and communicate your PHI only for the purposes of providing treatment, obtaining payment and conducting health care operations. Your PHI will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

#### HOW YOUR HEALTH INFORMATION MAY BE USED

##### To Provide Treatment

We will use your PHI within our office to provide you with the best care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist, and business office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories, pharmacies or other health care personnel providing treatment.

##### To Obtain Payment

We may include your PHI to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your PHI.

##### To Conduct Health Care Operations

Your PHI may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations, experienced by patients receiving care at our office. As a result, health information may be included in training programs for students, interns, associates, and business and clinical employees. PHI may also be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your PHI may be reviewed during the routine processes of certification, licensing or credentialing activities.

##### Abuse or Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

##### Public Health and National Security

We may be required to disclose Federal officials or military authorities' health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

##### For Law Enforcement

As permitted or required by State or Federal law, we may disclose your PHI to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

##### Family, Friends and Caregivers

We may share your PHI with those you tell us will be helping you with your treatment, medications or payments. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want we will use our very best judgment when sharing the minimum necessary PHI, only when it will be important to those participating in providing care.

##### Authorization to Use or Disclose Health Information

Other than is stated above or where Federal, State or Local law requires us, we will not disclose your PHI other than with your written authorization. You may revoke that authorization in writing at any time.

## PATIENTS RIGHTS

### **Restrictions**

*You have the right* to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

### **Private Pay**

*You have the right* to request that your PHI not be disclosed to your health insurance carrier if you have paid for services out of pocket.

### **Confidential Communications**

*You have the right* to request that we communicate with you in a certain way. You may request that we only communicate your PHI privately with no other family members present or through mailed communications that are sealed. We will honor your reasonable requests for confidential communications.

### **Inspect and Copy Your PHI**

*You have the right* to read, review, and copy your PHI, including your complete chart, x-rays and billing records. If you would like a copy of your PHI, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

### **Amend Your PHI**

*You have the right* to ask us to update or modify your record if you believe your PHI records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.

Your request may be denied if the PHI record in question was not created by our office, is not part of our

records or the records containing your health PHI are determined to be accurate and complete.

### **Notification of Breach of PHI**

*You have the right* to know if your PHI was released without your consent. We will make it known to all patients if there is ever a breach in unsecured PHI to an outside party.

### **Documentation of PHI**

*You have the right* to ask us for a description of how and where your PHI was used by our office for any reason other than treatment, payment or health operations. Our documentation procedures will enable us to provide information on PHI usage from April 14, 2003 and forward. Please let us know in writing the time period for which you are interested. Thank you for limiting your request to no more than six years at a time. We may need to charge you a reasonable fee for your request.

### **Request a Paper Copy of this Notice**

*You have the right* to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call and we will mail a copy to you.

We are required by law to maintain the privacy of your PHI and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice.

*You have the right* to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.