

HIPAA NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO DESCRIBES HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY!

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, which includes demographic information that may identify you and that relates to your past, present, or future physical health, mental health, or other related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your dental office, our staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the dentist's practice, and any other use required by law.

If you elect to post a negative review about our office or services provided in our office to you or your family members, personal health information may be disclosed to defend negative comments in reviews or on social media.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for whom we may refer you to for additional care.

Payment: Your protected health information will be used, as needed to obtain payment for your health care services through your insurance company. Delinquent accounts may have personal information released for the purpose of collecting payment for services requested and received by you or a family member.

Healthcare Operations: We may use or disclose, as-needed, your PHI in order to support the business activities of our practice. We may utilize a sign-in sheet at registration where you will be asked to sign your name. We may also call you by name in the waiting room, when the dentist or hygienist is ready to see you. **We may use your name and address as necessary when contacting you of an appointment. We will also use your name and address, as well as reminders for premedication on postcards that serve as appointment reminders.**

Marketing and Advertising: We will never disclose personal health information to third party advertising. We will not send out mailings for services without your consent. We may send out information regarding new services offered within our practice via direct mail or email.

We may use or disclose your PHI in the following situations **without** your authorization. These situations include but are not limited to: as Required by Law, Public Health Issues as Required by Law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement Requests, Coroners, Funeral Directors, Organ Donation, Criminal Activity, Military Activity and National Security, Workers' Compensation, Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization at any time, in writing, except to the extent that the practice has taken an action that requires the use or disclosure indicated in the authorization.

Your rights: Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information: Under Federal Law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment, or healthcare operations. You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We **are not required** to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively.

You have the right to have our office amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide a copy of such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes.

Complaints: You may file a complaint with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy office with your complaint. Our Privacy Officer is Lori Gordon Hendrick, RDH.

This notice was published and became effective on September 1, 2013. It replaces previously published notices. We are required to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone.