

Statement of Privacy Practices

Colby Pacific Family Dentistry

This statement of privacy practices describes how dental information about you may be disclosed and how you can get access to this information. Please read carefully

Colby Pacific Family Dentistry collects and maintains a record of the health care services we provide you. In keeping with the Health Insurance Portability and Accountability Act (HIPAA), and the State of Washington, we are dedicated to protect your rights of privacy and the confidential information entrusted to us.

The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice. We will not disclose your protected health information unless you direct or authorize us to do so or unless it is otherwise allowed or compelled by law. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

You may see your record or get more information about it at "Your Individual Rights about Patient Health Information" section of the Notice. You may request to review and copy your personal record and you may also request that we make corrections to the record.

Overview

Our Statement of Privacy Practices is currently in effect and provides information about the use and disclosure of protected health information by Colby Pacific Family Dentistry and our employees. It is applicable in all instances wherein individually identifiable health information is collected from you and services are provided for you. Our Statement:

1. Defines your rights and our obligations when using your health information,
2. Informs you about laws that provide special protections,
3. Explains how your protected health information is used and how, under certain circumstances, it may be disclosed,
4. Tells you how changes in this statement will be made available to you.

In synopsis form, you have a right to:

1. Request restricted use of your health information. (Please understand that we may not agree to your request),
2. Request that we not disclose to your health plan of services for which you self-pay in full,
3. Request that we communicate with you by alternate methods,
4. Review and receive copies of your personal health record,
5. Request for amendments and/or changes be made to your record,
6. Request an accounting of disclosures of your health information,
7. File complaints related to failure to protect the privacy of your health information,
8. Direct us not to share information with your family members,
9. Request that you not be listed in/on our facility directory.