

**ASHLEY LLOYD, D.D.S., P.L.L.C.
1330 ST. MARY'S STREET, B-30
RALEIGH, NC 27605**

Notice of Privacy Practices

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. If you have any questions about this Notice, please contact the Privacy Officer.

**Dr. Ashley Lloyd
1330 St. Mary's Street
Raleigh, NC 27605
919-828-1001**

Effective Date: May 13, 2013

Revised Date:

We are committed to protect the privacy of your personal health information (PHI).

This Notice of Privacy Practices (Notice) describes how we may use within our practice and disclose outside of our practice your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI.

We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice at any time. Any changes will apply to all PHI. Upon your request we will provide you with any revised Notice by:

- Posting the new Notice in our office.
- If requested, making copies of the new Notice available in our office or by mail.
- Posting the revised Notice on our website: www.drashleylloyd.com

Uses and Disclosures of Protected Health Information

We may use or disclose (share) your PHI to provide health care treatment for you.

Your PHI may be used and disclosed by Dr. Lloyd, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. For example: Your PHI may be provided to a physician to whom you have been referred for evaluation to ensure that the physician has the necessary information to diagnose or treat you. We may also share you PHI from time to time to another physician or health care provider who, at the request of Dr. Lloyd becomes involved in your care by providing assistance with your health care diagnosis or treatment.

We may use and disclose your PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for.

PHI may be shared with the following:

- Billing companies
- Insurance companies
- Collection agencies

We may use or disclose, as needed, your PHI in order to support the business activities of this practice, which area called health care operations. For example: Training of ancillary staff and personnel, and quality improvement processes.

We may use and disclose your PHI in other situations without your permission:

- If required by law
- Public health activities, for the purpose of controlling disease
- Legal proceedings, in response to a court order or a subpoena
- Police or other law enforcement purposes
- Coroners or medical examiners, for identification purposes
- Correctional institutions
- Worker's compensation

Other uses and disclosures of your health information:

- Business Associates, such as billing companies
- Health Information Exchange, we may provide your PHI electronically to other providers involved in your care
- Treatment Alternatives, for the improvement of your overall health
- Appointment Reminders

We may use or disclose your PHI in the following situations UNLESS you object:

- We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, Dr. Lloyd using professional judgment will determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information.
- We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or your general condition.
- We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

The following uses and disclosures of PHI require your written authorization:

- Marketing
- Disclosures for any purpose which require the sale of your information

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that Dr. Lloyd or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

Your Privacy Rights

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing. All requests should be directed to the Privacy Officer, Dr. Ashley Lloyd.

You have the right to see and obtain a copy of your protected health information.

This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. If requested we will provide you a copy of your records in electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable fee for a copy of the records.

You have the right to request a restriction of your protected health information.

You may request for this practice not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request, we will honor the request unless the information is needed to provide emergency treatment.

There is one exception: we must accept a restriction request to restrict disclosure of PHI if you pay out-of-pocket in full for a service or product unless it is otherwise required by law.

You have the right to request for us to communicate in different ways or in different locations.

We will agree to reasonable requests. We may also request alternative address or other method of contact, such as mailing information to a post office box.

You have the right to request an amendment of your health information.

You have the right to a list of people or organizations who have received your PHI from us.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six years or for a shorter timeframe. If you request more than one list within a 12 month period you may be charged a reasonable fee.

Additional Privacy Rights

- You have the right to obtain a paper copy of this notice from us upon request. We will provide you a copy of this Notice the first day we treat you at our facility.
- You have a right to receive notification of any breach of your PHI.

Complaints

If you think we have violated your rights or you have a complaint about our privacy practices you can contact:

Dr. Ashley Lloyd
1330 St. Mary's St., Suite B-30
Raleigh, NC 27605
919-828-1001

You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

If you file a complaint we will not retaliate against you for filing a complaint.

This notice was published and becomes effective on May 13, 2013.