



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 CAREFULLY.

We at Supreme Dental Care strive to protect our patients' privacy and confidentiality of your medical information. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of this contract currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions or concerns about this notice, please contact the Privacy Officer at this practice.

WHO WILL FOLLOW THIS NOTICE:

Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates, sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services.

FOR PAYMENT: We may use and disclose medical information about you so that the treatments and services you receive from us may be billed properly from you, an insurance company, or third party.

FOR HEALTH CARE OPERATIONS: We may use and disclose medical information about you for health care operations to assure that you receive quality care.

OTHER USES OR DISCLOSURES THAT CAN BE MADE WITHOUT CONSENT OR AUTHORIZATION

As required during an investigation by law enforcement agencies. To avert a serious threat to public health or safety. As required by military command. Workers compensation. In response to legal processing. To a coroner or medical examiner for identification of a body. If an inmate, to the correctional institution or law enforcement official. As required for the FDA. Other healthcare providers treatment activities. Other covered entities and providers' payment activities and healthcare activities. Uses and disclosures required by law. Uses and disclosures in domestic violence or neglect cases. Health oversight activities and other public health activities.

WE MAY CONTACT YOU TO PROVIDE APPOINTMENT REMINDERS OR INFORMATION ABOUT TREATMENT