

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, SIGN THE ACKNOWLEDGEMENT OF RECEIPT, AND GIVE TO THE RECEPTIONIST.

PROTECTING YOUR PERSONAL AND HEALTH INFORMATION

Our office is committed to protecting the privacy of its patients' personal and health information. Applicable Federal and State laws require us to maintain the privacy of our patients' personal and health information. This Notice explains our office's privacy practices, our legal duties, and your rights concerning your personal and health information. In this Notice, your personal and health information is referred to as "health information" and includes information regarding your health care and treatment with identifiable factors including your name, age, address, income or other financial information. We follow the privacy practices described in this Notice while it is in effect.

HOW WE PROTECT YOUR HEALTH INFORMATION

We protect your health information by:

- Treating all of your health information that we collect as confidential.
- Restricting access to your health information only to those members of our staff who need to know your health information in order to provide our services to you.
- Only disclosing your health information that is necessary for another office to perform its function on our behalf, and other offices have by contract agreed to protect and maintain the confidentiality of your health information.
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

We will use and disclose health information about you several reasons. For example:

- **Treatment** – We may provide another dentist or subsequent healthcare provider who is treating you with copies of various reports or your health information that should assist him or her with your treatment, including e-mailing of radiographs.
- **Payment** – We may use and disclose your health information to obtain payment for services we provide to you.
- **Your Authorization** – In addition to our use of your health information for treatment, payment, or other reasons, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. This will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.
- **To Your Family and Friends** – We must disclose your health information to you. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.
- **Persons Involved in Care** – We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses of disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, radiographs, or other similar forms of health information.
- **Marketing Health Related Services** – We will not use your health information for marketing without a written authorization from you.
- **Required by Law** – We may use or disclose your health information when we are required to do so by law, including, but not limited to, court or administrative orders, subpoenas, discovery requests, or other lawful process.

- **Abuse or Neglect** – We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- **National Security** – We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose health information to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.
- **Appointment Reminders** – We may also use health information about you to call, leave a voice message, or send a postcard to you as a reminder about an appointment.
- **Smile Club** – When younger patients present to our office for a cleaning and exam and no active dental decay is found, we reserve the right to photograph this patient and post his/her picture on our “Smile Club” wall, which will be displayed where other patients may see these photographs. You have the right to refuse this action.
- **Open Bay Operatories** – The majority of our dental office, including the waiting room and dental operatories, are very “open”. In other words, although our dental operatories are separated by walls, they are not entirely private, as there are no entrance or exit doors to each operatory. Because of this, you may see other patients being treated at our office as you enter and leave your operatory, and you may also be seen by other patients in our office during your treatment. We do have a single operatory which is entirely enclosed, including an entrance/exit door which can be closed, for those who desire more privacy during their dental treatment.
- **Research** – Under certain limited circumstances, we may use and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process.

YOUR RIGHTS REGARDING THE USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

You have the right to request all of the following:

- **Access to Your Health Information** – You have the right to request a copy of your health information. However, this right does not include the following types of records: records compiled in reasonable anticipation of a court action or administrative action or proceeding; and protected health information whose release is prohibited by federal or state laws. Access to your records may also be limited if it is determined that by providing the information it could possibly be harmful to you or another person. If access is limited for this reason, you have a right to request a review of that decision.
- **Amendment** – You have the right to request in writing an amendment to your health information. The request must identify which information is incorrect and an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial which will be added to the information of the original request. If your original request is approved, we will make reasonable effort to include the amended information in future disclosures. (Amending a record does not mean that any portion of your health information will be deleted.)
- **Accounting of Disclosures** – If your health information is disclosed for any reason other than treatment, payment, or operation, you have the right to an accounting for each disclosure. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for disclosure, and other applicable information.
- **Restriction Requests** – You have the right to request that our office place additional restrictions on uses and disclosures of your health information. We may not be able to accept your request, but if we do, we will uphold the restriction unless it is an emergency.
- **Confidential Communication** – You have the right to request that communication regarding your health information be done in an alternate way or be sent to an alternate location.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and terms of this Notice at any time, as permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make such changes, we will update this Notice and post the changes in our waiting room. You may also request a copy of the Notice at any time.

QUESTIONS AND COMPLAINTS

If you are concerned that your privacy rights may have been violated, you may make a written complaint to the U.S. Department of Health and Human Services whose address can be provided upon request.