

Donn Hubbard DDS PC

NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Information Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Existing Michigan Law requires us (in addition to our attempt to obtaining written acknowledgement) to first obtain your written consent prior to disclosing any of your information, except for our disclosure in connection with: a third party payer's examination of our records; a court order as part of a criminal investigation; or a child abuse / neglect investigation.

We may use and disclose your medical records only for each of the following purposes:

1. **Treatment:** providing, coordinating or managing health care and related services by one or more health care providers. *(An example of this would include tooth-cleaning services. Another would be contacting your physician or pharmacist about your care.)*
2. **Payment:** such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. *(An example would be sending a bill to your insurance company for payment for your treatment.)*
3. **Health care operations:** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions and customer service. *(An example would be an internal quality assessment review. Another would be contacting you to provide appointment reminders.)*

You have the following rights with respect to your protected health information:

1. The rights to amend, inspect, and copy your protected health information.
2. The right to obtain a paper copy of this notice upon request.
3. The right to file written complaints with our office, or with the Department of Health & Human Services about violations of the provisions of this notice or the policies and procedures of our office. *(We will not retaliate against you for filing a complaint, and we will take immediate action to correct any violations.)*

We take our Privacy Policies very seriously at Donn Hubbard DDS PC, and will take corrective action immediately upon receipt of any violation notice regarding our Privacy Policies. Please send complaints in writing to Dr. Donn Hubbard at the address below, or call our office during normal business hours.

This notice is effective as of Jan 1, 2010 and we are required to abide by the terms of our Notice of Privacy Practices currently in effect. We have the right to change the terms of our Notice of Privacy Practices and to make the new provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

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