

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.

The Health Insurance Portability & 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.

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.

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

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers who are involved in a patient’s medical care.
- **Payment:** We may disclose your personal information to obtain payment for services we provide to you.
- **Healthcare operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.
- **Appointment Reminders and Other Contacts:** We may disclose your personal information in the course of leaving phone messages and in providing you with appointment reminders via phone, postcards, or letters.
- **Your Family, Friends, and Representatives:** We may use or disclose PHI to notify or assist in the notification of a family member, domestic partner, close personal friend, your personal care representative, an entity assisting in disaster relief effort, or another person responsible for or involved in your care.
- **Disclosures Required by Law:** We may use or disclose patient health information to the extent we are required by law to do so.
- We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

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

- **Access:** You have the right to receive copies of your personal health information by paper or electronically. As well as a list of instances where your PHI was disclosed for treatment, payment, or healthcare operations.
- You have the right to inspect and copy your protected health information.
- **Notification of a Breach:** We will notify you of a breach of your unsecured personal health information.
- **Restrictions:** The right to request that we place additional restrictions on our use or disclosure of your PHI.
- **Amendment:** The right to request, in writing, that we amend your personal health information. We are, however, not required to agree to a request to amend or restriction of personal health information. If we do agree to an amendment or restriction, we must abide by it unless you agree in writing to remove it.
- You have the right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of September 17, 2013 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice 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.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, 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.