

## **NOTICE OF PRIVACY PRACTICES**

This notice describes how dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully. We will use and communicate your HEALTH INFORMATION only for the purposes of providing your treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

**TO PROVIDE TREATMENT:** We will use your health information within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist, and business office staff. In addition we may share your health information with physicians, referring dentists, dental laboratories, pharmacies or other health care personnel providing your treatment.

**TO OBTAIN PAYMENT:** Your protected health information will be used, as needed to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to work with companies who have the same commitment to keep the security of your health information.

**TO CONDUCT HEALTH CARE OPERATIONS:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

**PATIENT/APPOINTMENT REMINDERS:** We may use or disclose your health information to provide you with appointment reminders (such as answering machine, voicemail messages, postcards, or letters).

**ABUSE OR NEGLECT:** We may notify government authorities if we believe a patient is the 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 of others.

**PUBLIC HEALTH & NATIONAL SECURITY:** We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate of patient under certain circumstances.

**FOR LAW ENFORCEMENT:** We may use or disclose your health information when we are required by law.

**CAREGIVERS, FAMILY AND FRIENDS:** We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In the case of an emergency where you are unable to tell us what you want we will use our best judgment when sharing health information only when it will be important to those participating in providing your care.

**YOUR RIGHTS:** Information. The following is a statement of your right with respect to your protected health.

**ACCESS:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies; however, the request must be in writing to obtain access to them. We will charge you a reasonable cost-based fee for copies and staff time. The cost is \$0.25 for each page and \$10 per hour for staff time to locate and copy your health information for records, and postage if you want the information mailed to you or another provider.

**YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION:** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as describe in the Notice of Privacy Practices. Your request must state the specific requested and to whom you want the restrictions to apply. Your dentist is not required to agree to any restrictions that you may request. If your dentist believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**AMENDMENT:** You have the right to request that we amend your health information. Your request must be in writing and it must explain the reasoning for the amendment. We may deny your request under certain circumstances.

**YOU MAY HAVE THE RIGHT TO HAVE YOUR DENTIST AMEND YOUR PROTECTED HEALTH INFORMATION:** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**COMPLAINTS:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object to withdraw as provided in this notice.

This notice was published and becomes effective on/or before 4/14/2003.