

## NOTICE OF PRIVACY PRACTICES

### Protecting Your Confidential Health Information Is Important To Us

This notice explains how health information about you may be used and disclosed and how you can get access to this information

This brochure is intended to communicate information regarding the federal privacy laws of **HIPPA – Health Insurance Portability and Accountability Act**. The laws were enacted to protect the confidentiality of your health information.

### Why Are HIPPA Privacy Policy Laws Needed?

The rapid evolution of computer technology and its use in healthcare has brought about new ways to help guard the privacy of patient health care information. The government has sought to standardize and protect the privacy of the electronic transmission of your health information.

In order to comply with the privacy laws, we have reviewed our procedures on how we handle your information by phone, fax, copy machines, internet and paper charts. We want you to know about our policies and procedures that we developed to make sure that your health information is not shared with anyone who does not require it. Our policies and procedures regarding the confidentiality of your health information are in accordance with State and Federal laws.

We will use and communicate your personal health information only for the purposes of providing your treatment, obtaining payment and conducting health care operations. Your health care information will not be used for other purposes unless we have asked for and obtained your written permission.

### How Your Health Information May Be Used

#### To Provide Treatment . . .

We will use your personal HEALTH INFORMATION within our office in order to provide you with the best dental care possible. This may include various administrative and clinical office procedures in order to optimize the scheduling and coordination of care between hygienist, dental assistant, dentist, lab technicians and business office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories, pharmacies or other health care personnel providing you treatment.

#### To Obtain Payment . . .

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may also use insurance forms filed by or for you through the mail or sent electronically. We will work with insurance companies that have a similar commitment to the security of your health information.

#### To Conduct Health Care Operations . . .

Your health information may be used during performance evaluations of our staff. Such evaluations provide some of the best training for improving our care and services to you. As a result, health information may be included in training programs for students, interns, associates, and business and clinical employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

#### In Patient Correspondence . . .

We believe that regular dental care is very important in maintaining your oral and general health. Therefore, we provide a regular reminder service to let you know about scheduled appointments and the length of time between your dental visits.

Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family.

These communications are an important part of our commitment to our patients in order that we may provide the best dental care. Our communications with you may include post cards, letters, telephone reminders or electronic reminders such as e-mail or fax (unless you inform us that you do not want these reminders).

#### Abuse or Neglect . . .

We will notify government authorities if we believe a patient is a victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgement, when we believe we are specifically required or authorized by law or with the patient's agreement.

#### Public Health and National Security . . .

We may be required to disclose to Federal officials or military authorities any health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information may lead to control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

### **For Law Enforcement . . .**

State or Federal Law may permit or require us to disclose your health information to a law enforcement official certain limited circumstances, if you are the victim of a crime or in order to report a crime.

### **Family, Friends and Caregivers . . .**

We may share your health information with those you tell us will be helping you with your home oral hygiene, treatment, medications, or payments. We will be sure to ask your permission first. In case of an emergency, where you are unable to tell us what you want, we will use our best judgement when sharing your health information only when it is important to those participating in providing your care.

### **Authorization to Disclose Health Information . . .**

We will not disclose your health information to anyone other than is stated above or where Federal or State or Local law require us to do so. We will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

## **Patient Rights**

Under the HIPAA laws you have the following rights related to your health information.

### **Restrictions . . .**

You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences that do not contradict the Federal or State or Local laws.

### **Confidentiality . . .**

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family member present or through mailed communications that are sealed. We will make every effort to honor reasonable requests for confidential communications.

### **Inspect and Copy Your Health Information . . .**

You have the right to read, review, and copy your health information, including your complete chart, x-rays and billing records. If you would like a copy of your health information please let us know. We are permitted to charge a fee to duplicate and assemble requested information.

### **Amend Your Health Information . . .**

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will gladly accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.

Your request may be denied if the health information record in question was not created by our office, is not part of our records or if the records containing your health information are determined to be accurate and complete.

### **Documentation of Health Information . . .**

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward. Please let us know in writing of the particular time period for which you are interested. We would appreciate it if you would limit your request to no more than six years per request. We are permitted to charge a fee that is commensurate with the complexity of the request.

### **Request a Paper Copy of This Notice . . .**

You have the right to obtain a copy of this *Notice of Privacy Practices* directly from our office at any time. We will make a copy available to you and your representative. We are required to practice the policies and procedures described in this notice, but we reserve the right to change the terms of our Notice. If we change our privacy practices we will provide a revised copy of the Notice.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. Please let us know of your concerns or complaints in writing.

### **Patient Acknowledgement:**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*Please type your name in the signature field to enact your signature.**