

## NOTICE OF PRIVACY PRACTICES

This notice of privacy practices describes how we may use and disclose your protected health information to carry out treatment, payment or other purposes permitted or required by law.

We want you to know about these policies and procedures, which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient.

We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect as of today's date, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time. Provided such changes are permitted by applicable law. If any changes are made, we will make the new Notice available upon request.

### USES AND DISCLOSURES OF HEALTH INFORMATION

#### **To Provide Treatment:**

We will use your health information within our office to provide you with the best possible dental care. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care. In addition, we may share your information with physicians, referring dentists, dental laboratories, pharmacies or other healthcare personnel providing treatment.

#### **To Obtain Payments:**

We may include your health information with an invoice used to collect payment for treatment you receive in this office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with similar commitment to the security of your health information.

#### **Healthcare Operations:**

We may use or disclose, as needed, your protected health information in order to help support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of dental students, licensing, and conduction or arranging for other business activities. In addition we may call you by name in the waiting room when the doctor is ready to see you.

#### **School excuses and allergies:**

Occasionally a child will forget their school excuse. This notice states that you give us permission to fax your child's school excuse to the appropriate school. Patients that have allergies to certain things (e.g latex, codeine or antibiotics) By signing this notice you give us permission to notate on the outside of the chart any given allergies that the patient may have.

#### **Patient Reminders:**

Because we believe regular care is very important to your oral and general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. 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. That may include postcards, letters and telephone reminders to home or work. (Unless you state otherwise.)

#### **Abuse or neglect:**

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

#### **Public Health, National Security & Law Enforcement:**

As permitted or required by State officials, Federal officials or military authorities, health information necessary to complete an investigation related to public health, national security or for certain law enforcement purposes, under certain limited circumstances, if you are a victim of a crime or in order to report a crime. Health information could be important when the government believes that the public safety could benefit, when the information could lead to the

control or prevention of and epidemic or the understanding of new side effects of a drug or medical device.

**Family , Friends and Caregivers:**

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 very best judgement when sharing your health information only when it will be important to those participating in providing your care.

**Authorization To Use Or Disclose Health Information:**

Other than what is stated above or where Federal State or local law required us, 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**

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**Access:**

You have the right to look at or get a copies of your health information, with limited exceptions.

**Disclosure Accounting:**

You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payments, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003.

**Restrictions:**

You have the right to request that we place additional restrictions on our use of disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement ( except in an emergency.)

**Alternative Communications:**

You have the right to request that we communicate with you about your health information by alternative means, or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payment will be handled under alternative means or location you request.

**Amendment:**

You have the right to request that we amend your health information. Your request must be in writing , and it must explain why the information should be amended. We may deny your request under certain circumstances.

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. We encourage you to express any concerns you may have regarding the privacy of your information, to our Privacy Officer or HIPPA Coordinator. Please let us know of your concerns or complaints in writing.

Thank you very much for taking time to review how we carefully use you health information. If you have any questions we want to hear from you. If not we would appreciate very much if you would sign the attached form.