



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 purpose of this notice is to tell you how we share your information and how you can find out more about our information sharing practices. You may receive this notice in advance of a clinic visit, or you may receive it at the visit location when you arrive.

We May Use and Disclose (Share) Your Personal Health Information (PHI)

For Treatment/Care. We may use your PHI for your treatment or care. For example: Doctors, nurses, hospital chaplains and other staff involved in your care will use information in your chart (medical record) so that we can provide you with the best care. We may also share your PHI with another dental/health care facility or professional not associated with us but who will be providing treatment or care to you.

For Payment of Your Treatment. We may use and share your PHI if needed for payment purposes. For example: We may share information about your care to your insurance company to arrange payment for services provided to you. We may use your information to prepare a bill to send to you or to the person responsible for your payment. We may share your PHI with our business partners who help us with things like billing and claims. These businesses **MUST** protect the privacy of your information. For payment purposes, we may share your PHI with other dental/health care professionals who have treated you or provided services to you, even though they may not be associated with us.

For Appointment Reminders and Health-Related Benefits or Services. We may use PHI to send appointment reminders or results.

Health Products and Services. We may use your PHI to let you know about our products and services, those necessary for your care, to tell you of new products and services we offer and to give you general health and wellness information.

To Avoid Harm. We may share PHI to law enforcement or safety staff in order to avoid a serious threat to the health or safety of one person or the public.

For Public Health. We may share your PHI for public health activities, such as reporting diseases, injuries, births, deaths, looking into disease outbreaks and disclosing the performance or results of an HIV test or diagnosis of AIDS or an AIDS-related condition.

You Have the Chance to Object ("Opt Out") to the Following Uses and Disclosures

Family and Friends Helping In Your Care. With your approval, we may share your PHI with your family, friends, or other caregivers who help with your care or payment of your care. We may share PHI to an agency that is helping in disaster relief efforts so that they may find your family or caregiver.

All Other Uses and Disclosures Need Your Prior Written Authorization. In any situation not mentioned in section II or III, we will ask for your written authorization before using or sharing your PHI. If you sign an authorization form, you can later cancel that authorization (in writing) to stop any future uses.

Your Rights Regarding Your PHI

The Right to Access Your Own PHI. You have the right to copy and look at most of your PHI that we keep on your behalf.

- All requests to copy and look at your PHI must be made in writing and signed by you or your legal representative. You may get an access request form from the Medical Records department.
- If there is a cost, we will tell you in advance. We may charge you for copying the PHI, postage (if mailed) and/or a summary or explanation of the PHI.

The Right to a Listing of Certain Disclosures of Your PHI. You have the right to get a list of when we shared your PHI and to whom.

- The date and to whom (with the address, if known) PHI is disclosed
- The reason and type of PHI shared.

This list will not include disclosures:

- Made for treatment, payment, health care operations, or directly to you, to your family, or in our facility directory
- That you have already authorized in writing,
- For national security purposes,
- For corrections or law enforcement staff, or
- Before April 14, 2003.

The Right to Ask For Limits on Using and Sharing Your PHI

You have the right to ask that we limit how we use and share your PHI for treatment, payment, or health care operations. You may not limit the uses that we are allowed to do by law.

- We are not obligated to agree to your request but we will try to abide by your request.
- We have the right to end an agreed-to limitation if we believe that ending it is needed or that the limit will be hard to complete. You will be informed.
- You can end an agreed-to limit by sending a written termination notice (signed by you and your legal representative) to the Medical Records department.

The Right to Choose How We Send PHI to You

You have the right to ask that we send information on you to a different address or in a different method (e.g. via phone, e-mail). We must agree to your request as long as it can easily be done.

Complaints. You may complain to us or 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 or complaint. We will not retaliate against you for filing a complaint.

Acknowledgement of Receipt of Notice

You will be asked to acknowledge receipt of this Notice of Privacy Practice on the general consent form.

Effective Date

This Notice of Privacy Practices is effective April 14, 2003.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

Signature below is only acknowledgment that you have received this Notice of our Privacy Practices.

Print Name _____ Signature _____ Date _____

