

## 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) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. 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.

Without specific written authorization, we are permitted to use and disclose your health care records for the purpose of treatment, payment and health operations.

- **Treatment** means providing coordinating, or managing health care and related services by one or more health care providers. For example, we may need to share information with other providers or specialist involved in the continuation of your care (i.e. an Endodontist or Oral Surgeon).
- **Payment** means such activities as obtaining reimbursement of services, confirming coverage, billing or collection activities, and utilization review. For example, we disclose treatment information when billing a dental plan for your dental services.
- **Health Care Operations** include the business aspect of running our practice. For example, we may use your confidential information to remind you of appointments by sending reminder postcards and/or leaving messages at home and/or work. Patient information may be used for training purposes, or quality assessment. We will call patients by their first or last name while they are in the waiting room to let them know that it is time for his/her appointment.
- **Emergencies or Public Need** includes Emergency Treatment, Victims of Abuse, Neglect or Domestic Violence, Health Oversight Activities, Law Enforcement, Workers' Compensation, Coroners, Medical Examiners and Funeral Directors.
- **Completely De-identified or Partially De-identified Information** means we may use and disclose your health information if we have removed any information that has the potential to identify you or

Due to the size and layout of our office, some aspects of conversations may be overheard by other patients. If you need complete privacy while reviewing dental/medical issues, appointment scheduling, or financial conversations please let us know and we will find a remote location to continue our conversation. 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 action relying on your authorization.

You have certain rights in regards to your protected health information, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it (i.e. We are allowed to

