

NOTICE OF PRIVACY PRACTICES

The purpose of this notice is to inform you of how your health information may be used and disclosed specific to the dental practice of Logan Peak Dental. You will be given information as to how best to access your health information if you so choose. The privacy of your health information is of the utmost importance to us. Please carefully review the contents of this document in their entirety.

I. Our Legal Duty

We are required by applicable federal and state laws to present you this Notice including both our legal duties and your rights concerning your health information. Additionally, we are required to maintain the privacy of this information.

We are obligated to follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect September 01, 2019 and will remain in effect until otherwise replaced. We reserve the right to amend our privacy practices and the terms of this Notice in any instance, provided such changes are permitted by applicable law. We also reserve the right to make changes in our privacy practices as the new terms of our Notice take effect for all health information that we maintain, including health information we created or received before we made amendments. In the event that an amendment is made to this current Notice, our new Notice will be made available upon request.

II. Uses and Disclosures of Health Information

Only the minimum necessary amount of protected health information needed to accomplish the purpose of the use and/or disclosure will be disclosed. Your health information may be used and/or disclosed for differing functions which may include but are not limited to:

- A. **Treatment**: We may use or disclose your health information to a referred physician or other healthcare provider that is simultaneously providing treatment.
- B. **Payment**: We may use or disclose your health information to obtain payment for services provided within our office. In the event that payment is made in full for a service and insurance is not utilized, you have the right to request that our practice not report any health information related to that treatment to the respective insurance company. This request will always be honored *with the exception* to any laws not permitting, such as Medicaid or Medicare.
- C. **Healthcare Operations**: We may use and disclose your health information in connection with our healthcare operations which include: quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performances, conducting training programs, accreditation, certification, licensing or credentialing activities.

- D. **Marketing:** We will *not* use your health information for marketing communications without your written authorization.
- E. **National Security:** Protected health information may be disclosed without patient authorization if it is for the purpose of the public good. These requests include: disclosures required by law; public health activities by government or government contracted entities; disclosure to government authorities when abuse or neglect is suspected; in response to a subpoena in particular circumstances, disclosures to law enforcement in certain situations; decedents; organ, eye, or tissue donation; research; in response to a serious threat to health or safety; worker's compensation. We may disclose to the necessary military authorities the health information of Armed Forces personnel upon request for specific circumstances. We may disclose to the necessary authorized federal officials the health information required for lawful intelligence, counterintelligence and other national activities. We may disclose to the necessary correctional institutions or law enforcement officials having lawful custody of protected health information in regard to an inmate or patient under specific circumstances.
- F. **Authorization:** We are obligated to disclose your health information to you upon request as described in section III - Patient Rights of this Notice. You may provide us with written authorization use and/or disclose your health information to any individual for any purpose. You may also revoke such privileges at any time through written refute. Such revocation will not affect any use of disclosures permitted by your authorization while it is in effect.
- G. **Involved Persons:** We may use or disclose health information to notify or assist in the notification of -
1. A family member (including identifying or locating)
 2. Your personal representative or another person responsible for your care
 3. Your location
 4. Your general condition, or death

Personal representatives of the patient with broad authority, such as parents of a minor child, will be treated the same as the patient for the purpose of accessing all health information. In contrast, personal representatives of the patient with limited authority, such as power-of-attorney, will be treated the same as the patient for the purpose of accessing the patient's health information with limit to the scope of authority outlined within the specific document granting such limited authority. Copies of the document granting the authority will be copied and maintained in the patient's respective file.

In the event that you are present, we will provide you with the opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement - disclosing only health information that is directly relevant to the person's involvement in your healthcare. Additionally, our professional judgement will be used

to make reasonable inferences of your best interest - allowing a person to pick up filled prescriptions, medical supplies, or other similar forms of health information.

- H. **Neglect or Abuse**: If reasonable belief is identified for you being a possible victim of abuse, neglect, or domestic violence or the possible victim of further crimes, we may disclose your health information to the respective government authorities. Professional judgement will be used to disclose your health information to the extent necessary to avert a serious threat of safety and/or the health and safety of others.
- I. **Denial of Access**: In the event that an official court order or state law requires the protected health information be withheld from the personal representative, the health information will not be disclosed.
- J. **Confirmation**: We may use or disclose your health information to provide you with a courtesy appointment reminder such as a voicemail, text message or post card.

III. Patient Rights

- A. **Access**: You have the right to view and/or acquire copies of your health information, with limited exceptions. A written request must be made to obtain access to your health information. You may obtain a request form by using our contact information listed at the end of this Notice or by mailing a written request to our physical address. The request will be furnished as soon as possible, but within 30 days of receipt of the request. A reasonable, cost-based fee will be charged for expenses accrued such as copies and staff time. If copies are requested, you will be charged per page required. A summary or explanation of your health information can be prepared upon request for an additional fee.
- B. **Disclosure Accounting**: You have the right to receive a detailed list of circumstances in which we and/or our business associates disclosed your health information for purposes non-specific to treatment, payment or healthcare operations. If this accounting material is requested more than once in a 12-month period, you may be charged a reasonable, cost-based fee for requesting these additional services.
- C. **Restriction**: You have the right to request that we place additional restrictions on our use or disclosure of your health information. However, we are not required to agree to these additional restrictions. If restrictions have been granted, we will abide by our agreement with the exception of an emergency situation.
- D. **Alternative Communication**: You have the right to request alternative means and/or alternative locations with which to communicate in regards to your health information. Your request must be in writing, specifying the alternative means and/or location as to which you would prefer to have communication with our office. Furthermore, a satisfactory explanation must be provided in regards to how payments will be handled under the alternative means and/or location you requested when applicable. In the event that an unsecured email is given for alternative communication, the request will be denied.
- E. **Amendment**: As our patient, you have the right to request that we amend your health information. Your request must be in writing, explaining the reason as to why the

applicable information should be amended. Under specific circumstances, your request may be denied.

- F. **Electronic Notice**: In the event that you request this Notice on our website by electronic mail, you are entitled to receive this Notice in written form.

IV. Inquiries

If you are concerned that we may have violated your privacy rights or you disagree with a decision that was made within our office in regards to accessing your health information, please contact us directly. If you are in need of a request to restrict the use or disclosure of your health information or communicate by alternative means and/or locations you may communicate such information utilizing the contact information listed below:

Logan Peak Dental
981 S. Main Street Ste #260
Logan, UT 84321

(435) 787 - 0222
happyteeth@loganpeakdental.com

You may also submit a written complaint to the U.S. Department of Health and Human Services in regards to the concerns stated above. The address to file your complaint will be made available upon request. We support your right to the privacy of your health information and ensure there will be no retaliation if you choose to file a complaint against us through the U.S. Department of Health and Human Services.

For additional HIPPA information, please visit medicaid.utah.gov/hippa .