**NOTICE OF PRIVACY PRACTICE**

*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 1966 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, 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 healthcare records for the purpose of treatment, payment and healthcare operations.

* Treatment means providing, coordinating or managing healthcare and related services by one or more healthcare providers. For example, we may need to share information with other providers or specialists involved in the continuation of your care.
* Payments mean such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we disclose treatment information when billing a dental plan for dental services or to collection agencies for collection of debt owed.
* Healthcare operations include the business aspects of running our practice. For example, patient information may be used for training purposes, or quality assessment.

Unless you request otherwise, we may use or disclose health information to a family, friend or other personal representative to the extent necessary to help with your health or with payment for your healthcare. In addition, we may use your confidential information to remind you of appointments by sending reminder appointment postcards and/or leaving a message at home and/or work. 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 actions relying on your authorization.

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

* The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosure 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.
* The right to request to receive confidential communication of protected health information from us by alternative means or at alternative locations.
* The right to access, inspect and copy your protected health information.
* The right to request an amendment to your protected health information.
* The right to receive an accounting of disclosures of protected health information outside of treatment, payment and healthcare operations.
* The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective March 2019 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make new notice provisions effective for protected health information that we maintain. Revisions to our Notice of Privacy Practice will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practice, please contact: For more information about HIPAA or to file a complaint:

US Department of Health & Human Services

The Burkitt Center for Comprehensive Dentistry Office of Civil Rights

7024 Nolensville Rd 200 Independent Avenue, SW

Nolensville, TN 3715 Washington, DC 20201

(615) 941-3368 (800) 696-6775

I have read and understand the above Notice of Privacy Practice

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Guarantor/Legal Guardian