

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.

Privacy Policy

We understand that medical information about you and your health is personal and we are committed to protecting your medical information. Protected health information ("Protected Health Information" or "PHI") includes individually identifiable information about your past, present, or future health or condition, health care provided to you, and/or details of payment information for such health care.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. If you wish to inspect your records, receive a listing of disclosures, or correct or add to the information in your record, or if you have any questions, complaints, or concerns, please contact our office.

Our Permitted Uses and Disclosures of Your Protected Health Information:

Permitted uses do not require your specific, express authorization.

Treatment: We may disclose PHI to your insurance provider, our dentist(s), and other dental or medical care providers for treatment purposes. For example, prior to providing a service or treatment, your dentist may wish to seek information from your insurance provider to determine whether the service or treatment has been previously provided or if a service or treatment requires pre-authorization.

Payment: We may disclose your PHI in order to verify your insurance coverage, determine your benefits, and to seek payment for services provided to you. For example, we use your PHI in order to process your claims with your insurance provider.

Health Care Operations: We use and may disclose your PHI as a part of certain operations, such as quality improvement. For example, we may use your PHI to evaluate the quality of dental services that were performed. We may be asked by the sponsor of your health plan to provide your PHI to the sponsor. If we are asked to do so, we intend to honor such requests unless we are prohibited by law.

Other Disclosures: We may use or disclose your PHI without your specific, express authorization for several other reasons. Subject to certain requirements, we may disclose your PHI for public health purposes, auditing purposes, research studies, and in emergencies. We provide PHI when otherwise required by law, such as for law enforcement in specific circumstances, or for judicial or administrative proceedings. In any other situation, we will seek your written authorization before using or disclosing your PHI. If you choose to sign an authorization to allow disclosure of your PHI, you may later revoke that authorization to stop any future uses and disclosures, other than for the permitted uses identified above. We may also use or disclose your PHI for the purposes of contacting you directly to follow up on treatments, appointments, scheduling, or to notify you of promotional offers or general practice information by phone, text, mail, or email.

Individual Rights

In most cases, you have the right to view or receive a copy of your PHI. You also have the right to receive a list of instances where we have disclosed your PHI without your written authorization for reasons other than treatment, payment, or health care operations. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. You may request in writing that we not use or disclose your PHI for treatment, payment, or health care operations except when specifically authorized by you, or when required by law or in emergency circumstances. We will consider your request but may not be legally required to follow the request. You also have the right to receive confidential communications of PHI by alternative means or at alternative locations if you clearly state in writing that disclosure of all or part of your PHI by a particular means, or at a particular location, might endanger you.

Complaints

If you believe that we have violated your privacy rights, or you disagree with a decision we have made about your access to your records, you may contact us the address listed below and request to speak to the Privacy Officer. You may also send a written complaint to the U.S. Department of Health and Human Services. Customer Service can provide you with the appropriate address upon request. We will not withhold treatment from you, or retaliate against you for filing a complaint, whether with us or any government entity.

Policy Changes

We may change our policies at any time. If we make a change to our Notice of Privacy Practices, we will post an updated version on our practice website(s). You can review or obtain a copy by going to our practice website(s), or you may request a physical copy.

Acknowledgement of Notice of Privacy Practices

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I hereby certify that I have received a copy of the Notice of Privacy Practices for the following office:

Printed Name of Recipient _____

Date _____ Signature _____

For Office Use only:

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices from the above referenced individual, but acknowledgement could not be obtained because:

____ Individual refused to sign

____ Communication barriers prohibited obtaining the acknowledgement

____ An emergency prevented us from obtaining acknowledgement

____ Other _____