

Aspenwood Dental Associates

Notice of Privacy Practices:

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At our office, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your case.

We may use or disclose your health information for payment of your services. For example, we may send a report of progress to your insurance company.

We may share your health information with our business associates, such as a billing service. We may have a written contract with each business associate that requires them to protect your privacy.

We may also want to call, email, or text you to remind you about your appointment. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may need to release some or all your health information when required by law. If this practice is sold, your information will become the property of the new owner. Except as described above, this practice will not use or disclose your health information without your permission.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

As we will need to contact you from time to time, we will use whatever address, email, or telephone number you prefer.

You have the right to transfer copies of your health information to another practice. We will mail or email your files for you. You must sign a release form for the information.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to use. If you would like a copy of your records, we may charge a reasonable fee for copies.

You have the right to request amendment or changes to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the change you request but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have the right to receive a copy of this notice. If you would like a copy, please ask the receptionist. If we change any of the details of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, Washington DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our privacy officer.

This notice goes into effect as of March 12, 2015

Acknowledgement: I have received a copy of this office's Notice of privacy Practices.

To prevent unauthorized access to our patient's vital information, we have established an identity theft program. All vital documents, both paper and electronic will be shredded prior to disposal. No credit card numbers will be kept on file. Checks will be kept in a safe place and all copies will be destroyed properly. Charts will be kept in a secure area with an alarm system to prevent theft. Patients will be notified if there is a breach in our identity theft program.

Privacy officer:

Elizabeth Prothro