



Notice of Privacy Practices

This notice of privacy practices describes how we may use and disclose your protected health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. We are required by federal law to give you this notice and to maintain the privacy of your health information. We must also abide by the terms of this notice while it is in effect.

How we may use and disclose your protected health information

You will be asked to sign an acknowledgement of receipt of notice of privacy practices. Once you have received this notice, we will use your protected health information for treatment, payment, and healthcare operations. Your protected health information may be used and disclosed by our office staff and others outside our practice that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operation of our practice. The following are examples of the types of uses and disclosures of your protected health information that our office is permitted to make.

Treatment: We will use and disclose your protected health information to other dentists and physicians to provide, coordinate, or manage your healthcare. For example, your protected health information may be provided to another dental specialist to whom you have been referred to ensure that the necessary information is available for diagnosis and treatment.

Payment: Your protected health information will be used to obtain payment for services we provide to you. This may include certain activities that your insurance plan may undertake before it approves or pays for the services we recommend.

Healthcare Operations: We may use or disclose your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, credentialing, conducting training, and other business activities. For example, we may use your protected health information to train and conduct quality control exercises for employees within our practice.

Business Associates: We will share your protected health information with third party business and professional associates that perform various activities (billing or laboratory services) for our practice. Our associates must abide by the same federal laws for protecting your health information.

Other disclosures that may be made without your explicit consent

Required by law: We may use or disclose your protected health information when we are required to do so by law.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. In the event of your incapacity or an emergency, we will disclose your health information using our professional judgment, disclosing only health information that is necessary to provide your healthcare.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may

disclose your health information to the extent necessary to avert serious threat to your health and safety or the health and safety of others.

Military Personnel and National Security: We may use or disclose your protected health information of Armed Forces personnel when requested by commanding military authorities. We may disclose to authorized federal authorities health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody, the protected health information of inmates under certain circumstances.

Required Uses and Disclosures: By law, we must make disclosures to you and when required, to the Department of Health and Human Services when determining our compliance.

Your explicit written authorization (separate from this acknowledgment of receipt of Privacy Practices Notice) is required for other uses of your protected health information

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization at any time, in writing, except to the extent that our practice has already released your protected health information.

How we will use your health information with your authorization:

Family members and friends: we may disclose to your family member, relative, close friend, or other person you select, your protected health information to the extent necessary to help with your healthcare or with payment for your healthcare. We will also use our professional judgment and common practice to make reasonable decisions in your best interest in allowing a person to pick up dental supplies, x-rays, prescriptions, or other similar forms of health information.

You have the following rights

Inspect and copy your protected health information: You have the right to obtain copies of your health information, with limited exceptions. You may obtain access by submitting written request to our office with current contact information.

Request a restriction of your protected health information: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these restrictions, but if agreed upon, we will abide by our agreement except in an emergency.

Receive an accounting of disclosures we have made of your health information: You have the right to an accounting of disclosures of your health information that has occurred in the past. This accounting will be for the purposes other than treatment, payment, or healthcare operations, or disclosures we may have made to you, your family members, or friends involved in your care.

Make a complaint about our privacy practices: If you are concerned that we have violated your privacy rights, you may file a complaint with our Business Manager. You may also file a complaint with the Department of Health and Human Services. We will provide their address upon request. We will in no way retaliate against you or treat you differently if you decide to make a complaint.