

# NOTICE OF PRIVACY PRACTICES

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## Notice of Privacy Practices

Effective Date: August 20, 2004

THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

### OUR LEGAL DUTY

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to do the following: make sure that PHI is kept private, give you this Notice of our legal duties and privacy practices with respect to your PHI, and comply with the currently effective terms of this Notice. We may change the terms of our notice, at any time, provided such changes are permitted by applicable law. The new notice will be effective for all protected health information that we maintain, including health information we created or received before we made the changes.

### HOW YOUR HEALTH INFORMATION MAY BE USED

#### Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information.

#### Payment

Your protected health information will be used, as needed, to obtain payment for the services we provide to you.

#### Healthcare Operations

We may use or disclose, as-needed, your protected health information in order to support the business activities of your dentist's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training programs, licensing, certification, accreditation, and conducting or arranging for other business activities. In

addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your dentist is ready to see you.

#### Patient Reminders

We may use and disclose protected health information to contact you to remind you of your appointment. Additionally, we may contact you to follow upon your care and inform you of treatment options or services that may be of interest to you. These contacts may include postcards, letters, voicemail, or email. You may contact our Privacy Contact to request that these materials not be sent to you.

#### Family, Friends, and Caregivers

We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare. We will ask for your permission first. We may use or disclose health information to notify, or assist in the notification of a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

#### Abuse or Neglect

We will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or 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 or safety or the health or safety of others.

#### Public Health and National Security

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security.

#### For Law Enforcement

As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

#### Communication Barriers

We may use and disclose your protected health information if your dentist or another dentist in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the dentist determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

#### Authorization to Use or Disclose Health Information

Other than what is stated above or where Federal, State, or Local law requires us, we will not disclose your health information other than with

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your written authorization. You may revoke that authorization, at any time, in writing.

## PATIENT RIGHTS

### Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your dentist is not required to agree to a restriction that you may request. If your dentist believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

### Confidential Communications

You have the right to request that we communication with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

### Inspect and Copy Your Health Information

You have the right to read, review, and copy your health information, including your complete chart, x-rays, and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

### Amend Your Health Information

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We may deny your request under certain circumstances.

### Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment, or health operations for the last 6 years, but not before April 14, 2003. If your request this accounting more than once in a 12 month period, we may charge you a reasonable, cost based fee for responding to these additional requests.

### Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time even if you have agreed to accept this notice alternatively i.e. electronically.

## Complaints

If you are concerned that we may have violated your privacy rights, you may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. We encourage you to express any concerns you may have regarding the privacy of your information. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

## Changes to this Notice

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are required by law to practice the policies and procedures described in this notice but we reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice. We will also post any revised notice in the office. You then have the right to object or withdraw as provided in this notice.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

Compliance Officer:	Sheryl Taylor
Address:	4210 North 32 <sup>nd</sup> St. Phoenix, AZ 85018
Phone:	(602) 957-0075
Fax:	(602)381-8299

## Patient Acknowledgement

I have reviewed, understand, and agree to the content of this Notice of Privacy Practices.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Please specify the exact reason why patient did not give written acknowledgement.