



HIPAA Notice of Privacy Practices Policy

This Notice describes the Privacy Practices of this dental office.

First and foremost, we strive to maintain confidentiality as far as your dental treatment information. There are times, however, where identifiable health information must be disclosed to specific entities such as your insurance carrier. Herein we describe how this confidential dental and health information is used and disclosed and how you can gain access to this confidential information.

Background Information: Dental offices are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our Privacy Practices, our legal duties, and your rights concerning your health information. We must follow the Privacy Practices that are described in this Notice while in effect. These Privacy Practices take effect September 1st, 2013 and will remain in effect until we replace it.

We reserve the right to change our Privacy Practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our Privacy Practices effective for all health information that we collect and maintain, including prior health information as well as information gathered before policy changes are determined to be necessary. As changes in our Privacy Practices are made, we will notify our patients of these changes and make amended Office Privacy Policy statements available upon request.

You may request a copy of our Notice at any time. Please keep this information on file with other documents from our office and check with our receptionist, office manager, or website for any amended versions or changes.

Uses and Disclosures of Health Information: This office uses and discloses health information about you and/or your family members for purposes of treatment, payment, and healthcare operations. For Example: Treatment: We may use or disclose your health information to dental colleagues, your physician or other healthcare providers rendering treatment.

Payment: We may use and disclose your health information through the mail, fax, or electronic transmission to your dental insurance carrier to obtain payment for services rendered. Limited treatment information may also be disclosed to billing services which assist the office in preparing monthly billing statements.

Dental Practice Operations: We may use and disclose your health information in conjunction with our healthcare operations, which include quality assessment and improvement activities, reviewing the competence or qualifications of personnel who work in this office, evaluating performance, conducting training programs within the office, accreditation, certification, licensing, or credentialing activities. Your health information may also be disclosed to our attorneys and consultants as necessary to respond to any type of investigation or legal action pertaining to the quality of treatment provided to you.

Your Authorization: In addition to our use of your health information for treatment, payment or dental practice operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us such an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Disclosure To Your Family and Friends: You have the right for us to disclose your own personal dental health information to you as described in the Patient Rights section of our Privacy Practices. We may also disclose your dental health information to a family member, friend, or other person to the extent necessary to help with your dental care or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to identify, or assist in the identification of you or a family member in conjunction with a forensic investigation. In the event of your incapacity or in emergency circumstances, we will disclose health information based on our professional judgment. In that instance, we will disclose only that information that is directly relevant to the treating entity's involvement in your healthcare. We will also use our professional judgment and our experience to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, dental supplies, radiographs, or other similar forms of health information.

Marketing Heath-Related Services: We will not use your dental health information or images of your face and/or teeth for marketing communications without your written authorization to do so.

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

Abuse or Neglect: We may disclose health information of minor patients to appropriate authorities if we have reason to 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 a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose health information to correctional institution or law enforcement officials having lawful

custody of protected health information of inmates or patients under certain circumstances.

Appointment Reminders: We may use or disclose basic dental information insofar as the fact that you have a dental appointment scheduled in the form of appointment reminders such as voicemail messages, postcards, letters, or email.

Minimal Necessary Disclosures: We will not make disclosures of your health information to a greater degree than we consider minimally necessary for the purpose of each disclosure.

Patient Rights Access: You have the right to read or obtain copies of your health information, with limited exceptions. Utah Law R-156-69- 502(7) specifies that original records must remain in possession of the treating dentist for seven years, but you may request copies. You may request in person or in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You will be asked to sign a brief authorization to obtain copies of your records. Radiographs will be duplicated/printed at a reasonable fee related to costs generated by this office. If you request a digital format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee related to the complexity of the summary. Contact us using the information listed at the end of this Notice for more information.

Disclosure Frequency: You have the right to receive a list of instances in which this practice disclosed your health information for purposes, other than treatment, payment, dental practice operations, and certain other activities. If you 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.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We reserve the right to discuss your request and we are not required to agree to these additional restrictions. If we agree to abide by your request, however, we may be exempted from this agreement in the event of an emergency.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations (i.e. fax or e-mail). You must make your request in writing. 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.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We reserve the right to deny your request under certain circumstances.

Electronic Notice: If you receive this Notice of Privacy Practices on our website or by e-mail, you are entitled to receive this Notice in written form upon your request.

Questions and Complaints If you want more information about our Privacy Practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address of the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.