

# Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you may get access to this information. Please read it carefully.

## Your information may be used to provide treatment, secure payment, or to conduct health care operations.

We will use your health information to provide you with the best possible dental care. This may include clinical office procedures as well as administrative procedures designed to aid scheduling and coordination of care between and among providers and business office staff. We may share your information with referring dentists, physicians, laboratories, pharmacies or other health care personnel.

Your health care information may be included with an invoice used to collect payment for services provided in our office. This includes insurance claims filed on your behalf, whether by paper or in electronic form.

It is possible that your information will be disclosed during audits by insurance companies or government agencies as part of quality assurance reviews. Occasionally, this office also uses patient information in training situations that may include students, interns, associates and clinical employees. Finally, your health information may be reviewed during certification, licensing or credentialing activities.

## Your information may be disclosed under the following circumstances.

As permitted or required by State or Federal law, we may disclose your health care information to law enforcement officials if you are a victim of a crime or in order to report a crime.

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure according to our professional or ethical judgment, when we believe we are required or authorized by law or with the patient's agreement.

We may be required to disclose health information to Federal officials or military authorities on matters of national security or public health. Such information can be useful when officials are seeking to control or prevent an epidemic or understand the effects of drug treatment or medical devices.

In case of emergency, you may not be able to tell us what you want. If disclosure is necessary, we will use our best judgment when sharing your health information with those who are participating in providing your care.

Other than what is stated above or where required by Federal, State or Local law, we will not disclose your health information other than with your prior written authorization.

## You have the following rights related to your health information.

You have the right to request restrictions on certain uses and disclosures of your health information. We will honor any reasonable restriction preferences.

You have the right to request that we communicate with you in a certain way. For example, you may request that we communicate with you privately with no other family members present or through mailed communications that are sealed.

You have the right to read, review, and copy your health information including your complete chart, x-rays, and billing records. There may be a reasonable fee for the duplication and assembly of your copy.

You have the right to ask us to update or modify your records if you believe that your records are inaccurate or incomplete.

You have the right to ask us for a complete description of how, where and when your health information was used for reasons other than treatment, payment, or health care operations. We will begin documenting any other uses and disclosures as of April 14, 2003. Please let us know in writing the time period for which you are interested.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please ask to speak with our privacy officer who will help you express your concerns in writing.