



NOTICE OF PRIVACY PRACTICES

This notice describes how dental information about you may be used & disclosed & how you can get access to this information. Please review it carefully!

You will be asked to acknowledge that you have received our Notice of Privacy Practices (NPP).

We understand that information about you & your health is very personal & therefore, we will strive to protect your privacy as required by law. We will only use & disclose your personal health information as allowed by applicable law.

We are committed to excellence in the provision of state-of-art dental care services. We train our staff & workforce to be sensitive about privacy & to respect the confidentiality of your personal health information (including electronic Personal Health Information or ePHI).

We are required by law to maintain the privacy of our patients' personal health information & to provide you with notice of our legal duties & privacy practices with respect to your personal health information. We are required to abide by the terms of this NPP so long as it remains in effect. We reserve the right to change the terms of this NPP as necessary & to make new NPP effective for all personal health information maintained by us. You may receive a copy of any revised notice at the office if desired. A copy of the NPP will also be posted on our website.

DISCLOSURES:

With your consent, the practice is permitted by federal privacy laws to make uses & disclosures of your health information for purposes of treatment, payment & health care operations. Protected health information is the information we create & obtain in providing our services to you. Such information may include documenting your symptoms, examination & test results, diagnoses, treatment & applying for future care or treatment. It also includes billing documents for those services.

YOUR HEALTH INFORMATION RIGHTS

The health record we maintain & billing records are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses & disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted;
- Obtain a paper copy of this NPP for Protected Health Information (“Notice”) by making a request at our office; you can find a copy on our website (www.dentistryrevolution.com).
- Request that you be allowed to inspect & copy your health record & billing record—you may exercise this right by delivering the request in writing to our office;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office;

- File a statement of disagreement if your amendment is denied & require that the request for amendment & any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Request that communication of health information be made by alternative means or at an alternative location by delivering the request in writing to our office; and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.
- If you want to exercise any of the above rights, please contact any team member, in person or in writing, during normal hours. They will provide you with assistance on the steps to take to exercise your rights.
- You have the right to review this Notice before signing the consent authorizing use & disclosure of your protected health information for treatment, payment & health care operations purposes.

OUR RESPONSIBILITIES

The practice is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of our duties & privacy practices as to the information we collect & maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices & access practices & to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our NPP. You are entitled to receive a revised copy of the Notice by calling & requesting a copy of our “Notice” or by visiting our office & picking up a copy.

TO REQUEST INFORMATION OR FILE A COMPLAINT

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact a team member at the office.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to one of our staff members. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health & Human Services (www.hhs.gov/ocr/privacy/hipaa/complaints/).

- We cannot & will not require you to waive the right to file a complaint with the Secretary of Health & Human Services as a condition of receiving treatment from the practice.
- We cannot & will not retaliate against you for filing a complaint with the Secretary.

OTHER DISCLOSURES & USES

Notification

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location & about your general condition.

Appointments & Services

We may from time to time use your personal health information to remind you about appointments or to follow up on your visit.

Employer

We may release your personal health information to your employer (such as Military) when we have provided health care to you at the request of your employer (such as prior to deployment or for purposes related to occupational health & safety). In most cases you will receive notice that information is disclosed to your employer.

Communication with Family

Using our best judgment, we may disclose to a family member, other relative, close personal friend, personal representative or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Food & Drug Administration

We may disclose to the FDA your protected health information relating to adverse events with respect to products & product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with the laws relating to Workers Compensation.

Public Health

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse & Neglect

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions

If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health & the health & safety of other individuals.

Law Enforcement

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

Other Uses

Other uses & disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization & you may revoke the authorization as previously provided.

Website

This Notice will be on the website under forms.

Breach Notification

We are required to notify you in writing of any breach of your Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days after we discover the breach.

How would you like us to reach you regarding confirmation of appointments?

Phone: YES/NO Text: YES/NO Email: YES/NO

May we leave a message on your voice mail?

Effective Date: _____

Received By: _____

(PRINT NAME PLEASE)

Signature: _____

Date: _____

I grant permission to the following person or persons to have access to my dental records, as well as, allowing the doctor to discuss my dental care:
