

Notice of Privacy Practices

This notice describes how medical information, about you, may be used and disclosed and how you may access this information. Please review it carefully as your signature on the "Patient Agreement & Consent" form attests to your receipt.

The Health Insurance Portability and Accountability Act of 1996, ("HIPAA"), is a federal program that requires all dental records and other individually identifiable health information, used or disclosed by us in any form, must be kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse your information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose this information.

We use and disclose your health information, and records, **only for each of the following purposes: Treatment, Health Care Operations and Fiduciary Transactions.**

Treatment means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would include referral to an oral surgeon or a lab making a crown.

Health Care Operations include the business aspect of running our practice; such as conducting quality assessments and improvements, auditing functions, post-management analysis and customer service. An example of this would be an internal quality assessment review.

Fiduciary Transactions include activities such as obtaining reimbursement for services, confirming insurance coverage, billing or collection activities and utilization review. An example would be sending an invoice for your visit or filing a claim with your insurance company, either electronically or by paper via regular mail.

We may also create, and distribute, de-identified health information by removing all references to individually identifiable data. We may contact you, to provide appointment reminders or information about treatment recommendations, or alternatives, or other health-related benefits and services that are of interest to you. Any other uses, or disclosures, will be made only with your written authorization. You may revoke such authorization, in writing, and we are required to honor and abide by that written request, except to the extent that we may have already taken actions founded upon your previous authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

To request restriction on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends and/or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

To reasonable requests to receive confidential communications or protected health information from us by alternative means or at alternative locations.

To inspect and copy your protected health information.

To amend your protected health information.

To receive a copy of the accounting disclosure of protected health information.

To obtain a paper copy of this notice from us, upon request.

We are required, by law, to maintain the privacy of your protected health information and to provide you with notice of our legal duties, and privacy practices, with respect to protected health information.

This notice is effective as of April 15th, 2003. We are required to abide by the terms of the Notice Of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice Of Privacy Practices and make the new notice provisions effective for all protected health information that we maintain. We will post, and you may request a written copy of, a revised Notice Of Privacy Practices, from our office.

If you feel your privacy protections have been violated, you have the right to file a written complaint with our office, and/or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against any complainant for filing a complaint.

For more information, please contact our office.

To file a complaint, or get more information about HIPAA:

The U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW Washington, DC 20201
(202) 619-0257 or (877) 696-6775