

Family Dentistry

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Notice of Privacy Practices

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

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your “protected health information” is any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health condition.

I. Uses and Disclosures of Protected Health Information

Family Dentistry may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the facility has obtained your authorization or the HIPAA privacy regulations or state law otherwise permits the use of disclosure. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile.

A. Treatment

We will use and disclose your protected health information to provide, coordinate, and manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information **PHI** to a pharmacy to fill a prescription or we may use **PHI** we receive from your previous dentist to help determine a treatment plan for your current care.

B. Payment

Your protected health information will be used, as needed, to obtain payment for the services that we provide. This would be any activity such as obtaining reimbursement for dental services, billing or collection activities, confirming insurance coverage.

C. Operations

We may use or disclose your protected health information, as necessary, for our own health care operations to facilitate the functions of Family Dentistry and to provide quality care to all patients. Health care operations include business aspects of running our practice, such as conducting quality assessment and improvement activities, employee training, auditing functions, cost-management analysis, and customer service. For example, we might hire a dental consultant to review our scheduling procedures. We may disclose **PHI** for treatment and payment activities of another covered entity or a health care provider, and for certain health care operations of another covered entity.

D. Other Uses and Disclosures

As part of treatment, payment and health care operations, we may also use or disclose your protected health information for the following purposes: to remind you of your appointment, to inform you of potential treatment alternatives or options, or to inform you of health-related benefits or services that may be of interest to you.

II. Uses and Disclosures Beyond Treatment, Payment and Health care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

A. When Legally Required

We will disclose your protected health information when we are required to do so by any federal, state or local law. Your **PHI** is also disclosed when required by the U.S. Department of Health and Human Services as part of any investigation or determination of the facilities compliance with relevant laws.

B. When There Are Risks to Public Health

We may disclose your PHI for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as birth or death as permitted or required by law.
- To control public health surveillance, investigations and interventions as permitted or required by law.
- To collect or report adverse events and product defects, track FDA regulated products; enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

- To report to employer information about an individual who is a member of the workforce as legally permitted or required.

C. To Report Suspended Abuse, Neglect or Domestic Violence

We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

D. To Conduct Health Oversight Activities

We may disclose your **PHI** to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections, licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your **PHI** under this authority if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. In Connection with Judicial and Administrative Proceedings

We may disclose your **PHI** in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances we may disclose your **PHI** in response to a subpoena to the extent authorized by the state law if we receive satisfactory assurance that you have been notified of the request or that an effort was made to secure a protective order.

F. For Law Enforcement Purposes

We may disclose your **PHI** to law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To law enforcement official if the facility has a suspicion that your health condition was the result of criminal conduct.
- In an emergency to report a crime.

G. To Coroners, Funeral Directors, and for Organ Donation

We may disclose **PHI** to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose **PHI** to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

H. In the Event of a Serious Threat to Health or Safety

We may, consistent with applicable law and ethical standards of conduct use or disclose your **PHI** if we believe, in good faith that such use or disclosure is necessary to prevent or lessen a serious and imminent threat or safety or to the health and safety of the public.

I. For Specified Government Functions

In certain circumstances, federal regulations authorize the facility to use or disclose your (PHI) to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

J. For Worker's Compensation

The facility may release your health information to comply with worker's compensation laws or similar programs.

K. To Your Family and Friends

If you agree, we may disclose your **PHI** to a family member, friend or another person to the extent necessary to help with the healthcare or with payment for your healthcare. For example, if another person was paying for your dental treatment, you might ask us to explain the treatment to that person.

L. Persons Involved in Your Care

Unless you object, we may disclose to a member of the family, a close friend or any other person you identify, your **PHI** as it relates to the person's involvement in your healthcare. If you are unable to agree or object to disclose, we may disclose such information as necessary if we determine that is in your best interest based on our professional judgment. We may use or disclose your **PHI** to assist in notifying a family member, personal representative or any other person that is responsible for you care of your location, general condition or death.

M. Appointment Reminders and Other Uses

Your **PHI** may be used to remind you by phone, computer, or mail of a dental appointment. For example, we may leave a message-containing **PHI** on your answering machine. Or, we may include **PHI** on recall cards sent to your home or mail you information regarding alternative dental treatment options or dental related services. We will send you recall notices.

N. Marketing

We will not use or disclose your **PHI** for marketing communications without your written authorization.

O. Emergency Situations

To assist in disaster relief efforts or during a medical emergency.

P. For research Purposes

We may disclose your **PHI** for research when an institutional review board that has reviewed the research proposal and protocols to ensure the privacy of your PHI has approved the use or disclosure for research.

III. Your Rights

You have the following rights regarding your health information.

A. The Right to Inspect and Copy Your Protected Health Information

You may inspect and obtain a copy of your protected health information **PHI** that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your dentist and the facility use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access review.

We may deny your request to inspect or copy your protected health information, in professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

Please contact the Privacy Officer if you have questions about access to your medical record.

B. The Right to Request a restriction on Uses and disclosures of your Protected Health Information

You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not only disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in the Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The facility does agree to the required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the facility does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under

certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

C. The Right to Request to Receive Confidential Communications from us by Alternative Means or at an Alternative Location

You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information on how your payment will be handled or specification of an alternative address or other method of contact. We neither will require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

D. The Right to Request Amendments to your Protected health Information

You may request an amendment protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our privacy officer. In this written request, you must also provide a reason to support the requested amendments.

E. The Right to Receive an Accounting

You have the right to request an accounting of certain disclosures of your protected health information made by the facility. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notice. We are also not required to account for disclosures for purposes that you requested, involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for accounting must be made in writing out to a privacy officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12- month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

F. The Right to Obtain a Paper Copy of This Notice

Upon request, we will provide a separate paper copy of this notice even if you already received a copy of the notice or have agreed to accept this notice electronically.

IV. Our Duties

The facility is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice; we will provide a copy of the revised Notice by sending a copy of the revised Notice via regular mail or through in-person contact.

V. Complaints

You have the right to express complaints to the facility and to the secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the facility by contacting the facility's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filling a complaint.

VI. Contact Person

The facility's contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. If you feel that your privacy rights have been violated by this facility you may submit a complaint to our Privacy Officer by sending it to:

**Family Dentistry
15550 Main & 11Th Street,
Suite B-7
Hesperia CA 92345
Tel: 760 947 7777
Fax: 760 947 1331**

VII. Effective date

This Notice is effective April 14, 2003