

This notice of privacy is to communicate to you the guidelines set by the federal HIPAA laws and how your medical information can be used and disclosed by our office, as well as how you can get access to this information. Please review this carefully.

So what has changed?

Why a privacy policy now?

The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of your health information is the rapid evolution of computer technology and its use in healthcare. We want you to know how your health information can be used and that it will not be shared with anyone who does not require it. Our office is subject to State and Federal Law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand your rights as a patient.

We will use and communicate your health information only for the purposes of providing your treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your permission.

How your Health Information may be used

To Provide Treatment

We will use your health information within our office; this may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist and business office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories, pharmacies or other health care personnel providing you treatment.

To Obtain Payment

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

To Conduct Health Care Operations

Your health information may be used during performance evaluations of our staff, including training programs for students, interns, associates, and business and clinical employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

In Patient Reminders

We will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family. These communications may include postcards, folding postcards, letters, telephone reminders or electronic reminders such as email.

Abuse or Neglect

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

Public Health and National Security

We may be required to disclose to Federal officials health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit, or could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug.

For Law Enforcement

As required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, if you are a victim of a crime or in order to report a crime.

Family, Friends, and Caregivers

We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

Authorization to Use or Disclose Health Information

Other than state above, or where Federal or State law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

Patient Rights

Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

Confidential Communications

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through mailed communication that are sealed. We will make every effort to honor your reasonable requests.

Inspect and Copy Your Health Information

You have the right to read, review, and copy your health information, including your complete chart, x rays, and billing records. A reasonable fee to duplicate and assemble your copy may be charged.

Amend your Health Information

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information, and it is sent to us by request in writing describing your reason for the change.

Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment, or health operations. Please let us know in writing the time period for which you are interested.

Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice. We required to practice the policies and procedures described in this notice, but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice. 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 let us know of your concerns in writing.