

Notice of Privacy Practices

Protecting Your Confidential Health Information is Important to Us.

So What has Changed?

The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information, such as: our computers, internet, phone, faxes, copy machines and charts.

We will use and communicate your HEALTH INFORMATION only for 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 given your permission.

TO PROVIDE TREATMENT:

We will use your health information within our office to provide you with the best dental care possible. 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. It is 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 process of certification, licensing or credentialing activities.

In Patient Reminders

Because we believe regular care is very important to your oral and general health, 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. These communications are an important part of our philosophy of partnering with patients to be sure they receive the best preventive and restorative care modern dentistry can provide. They may include postcards, telephone, or electronic reminders such as e-mails (unless you tell us that you do not want to receive these reminders.)

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 believe we are specifically required or authorized by law, we do not need your permission to report abuse or neglect.

Public Health and National Security

We may be required to disclose to federal officials or military authorities health information necessary to complete an investigation related to public health. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

For Law Enforcement

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

Family, Friends and Caregivers

We may share your 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 best judgment when sharing your information only when it will be important to those participating in providing your care.

Patient Rights

Our office will make every effort to honor reasonable restriction preferences from our patients. You have the right to request restrictions.

Confidential Communications

You may request that we only communicate your health information privately with no other family members present or through mailed communications that are sealed.

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. *

Amend your Health Information

You have the right to ask us to update or modify your records if you believe our records are incorrect or incomplete. Your request may be denied if the information record in question was not created by our office or is not part of our records.

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 treatment, payment or health operations. This can be no more than one request in a six year period.*

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 our health information and to provide to you and your representative this Notice of our Privacy Practices. We are 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 the Secretary of Health and Human Services if you believe your rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know your concerns or complaints in writing.* We may need to charge you a reasonable fee to duplicate and assemble your copy.

Patient Acknowledgment

Patient Name(s):

Thank you very much for taking time to review how we are carefully using your health information. If you have any questions we want to hear from you.

Patient/Guardian sign Date