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 CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) requires all health records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper or orally, be kept confidential. This federal law gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health 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 your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

Treatment means providing, coordinating, or managing health care related services by one or more health care providers. For example, we may need to share information with other providers or specialists involved in the continuation of your care.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. For example, we disclose treatment information when billing a dental plan for your dental services.

Health Care Operations include the business aspects of running our practices. For example, patient information may be used (but not limited) for training purposes and clinical guidelines, quality assessment & improvement and credentialing.

Unless you request otherwise, we may use or disclose health information to a family member, friend or other personal representative to the Extent necessary to help with your healthcare or with payment for your healthcare. In addition, we may use your confidential information to remind you of appointments by sending reminder postcards and/or leaving messages at home and/or work. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your protected health information, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to Disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a request restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communications of protected health information from us by an alternative means or at alternative locations.
- The right to access, inspect and copy your protected health information.
- The right to request an amendment to your protected health information. If your request is denied then you may require that the denial be attached in all future disclosures of your protected health information.
- The right to receive an accounting of disclosures or protected health information outside of treatment, payment and health care operations.
- The right to obtain a paper copy of this notice from us upon request.
- The right to revoke previously authorization that you made to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

We are required by law:

- To maintain privacy of your protected health information;
- To provide you with notice of our legal duties and privacy practices with respect to protected health information;
- To notify you if we cannot accommodate a requested restriction or request;
- To accommodate your reasonable requests regarding methods to communicate health information with you.

Other Disclosures and Uses:

- Food and Drug Administration – We may disclose to the FDA your protected health information relating to adverse events with Respect to products and 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 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 and the health and 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 and disclosures besides those identified in this Notice will be made only as otherwise authorized by law.
- Website – If we maintain a website that provides information about our entity, this Notice will be on the website.

This notice is effective as of April 14, 2003 and 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 to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

Received by:_____ Date:_____