



## Notice of Privacy Practices

*Effective: April 14, 2003*

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

We understand that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

When you receive care from us, we may use your health information for treating you, billing for services, and conducting our normal business known as health care operations. Examples of how we use your information include:

**Treatment:** We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs. For example, your dentist may share your health information with a specialist who will assist in your treatment.

**Payment:** We keep billing records that include payment information and documentation of services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third parties. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services provided to you to claim and obtain payment.

**Health Care Operations:** We use your health information to improve the quality of care, train staff, provide customer service, manage costs, conduct required business duties, and make plans to better serve our patients.

To use your health information for other than the above requires your signed authorization.

There are limited situations when we are permitted or required to disclose health information without your signed authorizations. These situations include:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries as permitted by law: reporting births and deaths; reporting reactions to drugs; and problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, audits, and inspections.
- For lawsuits and similar proceedings.
- When otherwise required by law.
- When requested by law enforcement as required by law or court order.
- For other limited situations (see the full copy of our Notice of Privacy Practices).

*Continued...*

**We are required by law to:**

- Maintain the privacy of your health information.
- Provide this notice that describes the ways we may use and share your health information.
- Follow the terms of the notice currently in effect.
- We reserve the right to make changes to this notice at any time and make the new privacy practices effective with all information we maintain. You may request a copy of any notice from our Privacy Officer.

**You have the right to:**

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restrictions.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy health information, including medical, dental and billing records. Fees may apply. Under limited circumstances we may deny you access to some portion of your health information and you may request a review of the denial.
- Request amendments or additions to your health record.
- Request an accounting of certain disclosures of your health information made by us.

All of the above requests must be made in writing through our Privacy Officer.

This notice summarizes our Privacy Practices. If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information contact our Privacy Officer, Elizabeth James.

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

We are required by law to have you sign an *Acknowledgment of Receipt of Notice of Privacy Practices*. We would appreciate your cooperation by signing a copy of this acknowledgement available from the receptionist.