

West Suburban Family Dental

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOU THIS INFORMATION. **PLEASE REVIEW CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

Our Legal Duty

This Notice of Privacy Practices 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. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services.

Uses and Disclosers of Protected Health Information

Your Protected Health Information may be used and disclosed by your dentist, our office staff and others outside of our office that we are involved in your care and treatment for the purpose of providing health care services to you, to pay your healthcare bills, to support the operation of the dentist's practice, and any other use required by law.

Treatment: We will use and disclose you Protected Health Information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party. For example, your Protected Health Information may be provided to a dentist to whom you have been referred to ensure that the dentist has necessary information on the diagnosis to treat you.

Payment: Your Protected Health Information will be used, as needed, to obtain payment for your healthcare services.

Healthcare Operations: We may use or disclose, as needed, your Protected Health Information in order to support the business activities of your dentist's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your dentist. We may also call you by name in the waiting room when your dentist is ready to see you. We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment.

Without your Authorization: We may use or disclose your Protected Health Information without your authorization in the following situation: By Law, Public Health issues are required by law, Communicable diseases, Health Oversight, Abuse or Neglect, Food and Drug administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity and National Security, Workers' Compensation, Inmates, Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Your Authorization: Other than what is described in this notice, permitted and required uses and disclosures will be made only with your consent. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Unless you

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give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Patient Rights

Access: you have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we can practicably do so. We may charge a fee for producing dental records and x-rays as allowed by law.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities for the last 6 years.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). When you pay in full outside of your insurance plan for services you may request that we restrict this information and not disclose it to your healthcare plan or insurer.

Breach Notification: We will provide you with notification of a breach of unsecured Protected Health Information.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. This request must be in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. This request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you received this notice on our Website or by electronic mail (e-mail), you are also entitled to receive this notice in written form.

Complaints: You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

Questions or Concerns

We are required by law to maintain the privacy of, and provide individuals with, this notice of your legal duties and privacy practices with respect to Protected Health Information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number (630)571-3030.