



**NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) 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 that may identify you and that relates to your health or condition and related health care services.

**1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your PHI may be used and disclosed for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of our practice.

Following are examples of the types of uses and disclosures of your PHI that our practice is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your dental care and any related services. This includes the coordination of your care with another provider. For example, we will disclose your PHI, as minimally necessary, to other doctors who may be treating you or to other health care providers (e.g., a specialist, laboratory, or pharmacist) who become involved in your care by providing assistance with your health care diagnosis or treatment.

**Payment:** Your PHI will be used and disclosed, as minimally necessary, to obtain payment for services provided by us.

**Health Care Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment and improvement activities, employee review activities, training of students.

**Others Involved in Your Health Care or Payment for your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may call or write you regarding a future appointment. Should we call and you not be at home, we may leave minimally necessary information to accomplish our purposes with a family member, significant other, or in an e-mail, voice mail, texting device, or answering machine.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object:** We may be required by law to use or disclose your PHI without your authorization or providing you the opportunity to agree or object. For example this may include but is not limited to situations where we are required by law to disclose PHI in response to legal orders by a court, for law enforcement purposes, for public health activities as required by law, and to provide records for members of the Armed Forces as requested by appropriate military command authorities.

**Uses and Disclosures of Protected Health Information Based upon Your Written Authorization:** Uses and disclosures of your PHI that are not specifically covered by the HIPPA Privacy Rule summarized above will be made only with your written authorization. You will be given the opportunity to agree or object to these authorizations. For example this may include the use of before and after treatment photos for education and marketing purposes.

**2. YOUR RIGHTS CONCERNING THE CONFIDENTIALITY OF YOUR PHI**

**You have the right to inspect and copy your PHI.** We may charge you a reasonable copy fee for a copy of your records. Some records are subject to federal law that prohibits access to protected health information; those situations very rarely apply to anything in the records we maintain. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request a restriction of your PHI.** You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we do agree to the requested restriction, we will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

**You may have the right to have your PHI record amended.** You may request an amendment of PHI about you. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in the HIPPA Privacy Rule. It excludes disclosures we may have made if you authorized us to make the disclosure. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us.**

**3. COMPLAINTS**

You may complain to us or to 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 Officer of your complaint. We will not retaliate against you for filing a complaint.

**If you have any questions about this Notice please contact our Privacy Officer, Karen Bohner at 864-882-2424 or karen@gracedentistry.com.**