



## Privacy Policy / HIPAA

**Privacy and HIPAA Compliance** THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED OR HOW YOU CAN ALSO GET ACCESS TO THIS INFORMATION. PLEASE READ AND REVIEW THIS INFORMATION CAREFULLY BEFORE ACKNOWLEDGING AND SIGNING.

We understand that medical information about you and your health is personal "Protected Health Information ("PHI") and we are committed to protecting your medical information. PHI includes individually identifiable information about your past, present, or future health and/or condition, the provision of health care to you, or payment for such health care.

We use and disclose PHI about you for treatment, payment, and health care operations.

**Treatment:** We may disclose PHI to your insurance provider, our dentist(s), and other dental care providers for treatment purposes. For example, your dentist may wish to provide a dental service to you, but first seeks information from your insurance provider as to whether the service has been previously provided.

**Payment:** We disclose your PHI in order to fulfill our duty to check your coverage, determine your benefits, and secure payment for services provided to you. For example, we use your PHI in order to process your claims through your insurance provider.

**Health Care Operations:** We disclose your PHI as a part of certain operations, such as quality improvement. For example, we may use your PHI to evaluate the quality of dental services that were performed.

We may be asked by a sponsor of your health plan provider to provide parts of your PHI. If we are asked to do so, we intend to honor such requests unless we are prohibited by law.

We may use or disclose your PHI without your authorization for several other reasons. Subject to certain requirements, we may give out your PHI for public health purposes, auditing

purposes, research studies, and emergencies. We provide PHI when otherwise required by law, such as law enforcement in specific circumstances or for judicial and administrative proceedings. In any other situation, we will ask for your written authorization before using or disclosing your PHI. If you choose to sign an authorization to allow disclosure of your PHI, you can later revoke that authorization to stop any future uses and disclosures (other than treatment, payment and health care operations).

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and provide a new copy to you. You are also welcome to a copy at any point and time.

**Individual Rights:** In most cases, you have the right to view or obtain a copy of your PHI. You also have the right to receive a list of the instances where we have disclosed your PHI without your written authorization for reasons other than treatment, payment, or health care operations. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. You may request in writing that we not use or disclose your PHI for treatment, payment, or health care operations except when specifically authorized by you, when required by law, or in emergency situations. We will consider your request but are not legally required to accept it. You also have the right to receive confidential communications of PHI by alternative means or at alternative locations, if you clearly state that disclosure of all or part of your PHI could endanger you.

**Complaints:** If you are concerned that we have violated your privacy rights or you disagree with a decision we have made about the access to your records, you may go online to HHS.gov and follow the listed directions to formally file a complaint.

**Our Legal Duty:** We are required by law to protect the privacy of your personal information, provide this notice about our informational practices, and follow the information practices that are described in this notice. If you wish to inspect your records, receive a listing of disclosures, or correct or add the information in your records, or if you have any questions, complaints, or concerns please contact our office.

Sign

Date