

ADVANCED DENTISTRY
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. This Notice takes effect 8/1/13, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available to all of our patients. You may request a copy of our Notice at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

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

Treatment: We may use and disclose the minimum necessary health information to a physician or other healthcare provider providing treatment to you, including referrals to specialists.

Payment: We may use and disclose the minimum necessary health information to obtain payment for services we provide to you by electronic transmission, paper claims by mail and/or fax, or telephone.

Healthcare Operations: We may use and disclose the minimum necessary health information in connection with our healthcare operations. Healthcare operations may include but are not limited to: a.) Reviewing and improving our policies and treatment. b.) Evaluation of our staff members. c.) Training programs for our staff and doctors. d.) Certification, licensing or credentialing activities.

Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose, and you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Persons Involved In Care: We may disclose the minimum necessary health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. We will provide you with an opportunity to object to such disclosures as you are able. In the event of your incapacity or emergency circumstances, we will disclose the minimum necessary health information. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing, research, or fundraising purposes without your prior written authorization. We will not sell your private health information under any circumstances.

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, or to the extent necessary to avert a serious threat to your health or safety or the health or safety of others or to comply with lawful investigation.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose protected health information to correctional institution or law enforcement officials having lawful custody of an inmate or patient under certain circumstances.

Compliance Review/Investigation: We will disclose the minimum necessary information in order to comply with any compliance reviews and/or investigations by the Department of Health and Human Services.

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

PATIENT RIGHTS

Access: You may, via written request, look at or receive copies of your health information in a format other than photocopies, including electronically, as long as it is feasible to do so. If you request mailed copies, we will charge you \$0.25 for each page and postage. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. If you request your information via email, you may send us an email with a link to the address you would like as the recipient of your record, and assume any risk for information requested in an unencrypted format.

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, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

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). You have the right to request in writing that we restrict disclosures to your health plan if you are able to pay in full at time of service for all services rendered and restricted from submission to your dental carrier.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation for how payments will be handled under the alternative means or location you request. For requests for email communications, you may send an email with a link to the address you would like to receive your information, and you assume any security risk if you choose to receive information electronically in an unencrypted format.

Amendment: You have the right to request in writing that we amend your health information. We may deny your request under certain circumstances.

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

Breach Notification: If we have reason to believe the security of your unsecured health information has been compromised you have the right to be notified without unreasonable delay in writing, by phone, or by email. You have the right to know exactly what information we suspect has been compromised, whether it poses a risk to you and what that risk is, what steps you can take to minimize risk, and the steps we are taking to investigate the security compromise and mitigate harm to our patients.

QUESTIONS AND COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Shauna Searle
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