

HIPAA NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us, whether electronically, on paper, or orally, are kept confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we maintain the privacy of your health information and how we may use and disclose this information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

-- Treatment means providing coordination or managing health care and related services by one or more health care providers. An example of this would include sharing x-rays with a referred specialist or another provider of your choice.

-- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

-- Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, audit functions, cost management analysis and customer service. An example of this would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

The following are your rights to your protected health information.

-- The right to request restrictions on certain disclosures of protected health information, including those related to disclosures to family members, relatives, personal friends or any other person identified by you. We are not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it (except in an emergency).

-- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations. (Requests must be in writing).

-- The right to inspect and copy your protected health information. (Request must be in writing).

-- The right to amend your protected health information. (Request must be in writing and explain why the information should be amended).

-- The right to receive an accounting of disclosures of protected health information for the last six years, but not before April 14, 2003.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practices from this office.

You have recourse if you feel your privacy protections have been violated. You have the right to file written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, about violations of provisions of the notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.