

DENTISTRY AT
HICKORY FLAT

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used & disclosed & how you can get access to this information. Please review carefully. We respect our legal obligation by law to give you notice of our privacy policies. This notice describe to you how we protect your health information & what rights you have regarding it.

*The most common reasons why we use or disclose your health information is for treatment, payment or health care Operations, such as when making an appointment, referring you to another doctor, faxing prescriptions to be filled are examining your teeth, preparing & sending bills or insurance claims, collecting unpaid amounts ,financial audits, internal quality assurance, defense of legal matters, or business planning. Unless you object, we will also share relevant information about your care with your family/caregivers/guardian who are helping you with your dental care.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION: In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us. Such uses or disclosures are: When a state law mandates that certain health information be reported for a specific purpose. For public health purposes, such as infectious disease reporting. Disclosures to government authorities about victims of suspected abuse, neglect or domestic violence. Uses & disclosures for health oversight activities ,such as the licensing of doctors & audits by Medicare & Medicaid. Disclosures in response to subpoenas or court orders & for law enforcement purposes, such as a suspected victim of a crime. Disclosure to the medical examiner to identify a person or to determine a cause of death. For public related research. Uses & Disclosures to prevent a serious threat to health or safety. Disclosures to business associations who perform health care operations for us & who commit to respect the privacy of your health information.

APPOINTMENT REMINDERS: We may call or write to remind of scheduled appointments or that is time to make an appointment. Unless you tell us otherwise, we may mail you an appointment reminder postcard &/or leave you a reminder message on the phone you have provided us & are with the person who may answer the phone.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION: The law gives you many rights regarding your health information. You can choose to ask us to restrict our uses & disclosures for purposes of treatment (except in case of emergency treatment), payment are health care operations. We do not have to agree to this, but if we agree, we must honor the restrictions that you have requested. To request a restriction, you must send your request in writing. Ask us to communicate with you in a confidential way, such as phoning you at your work phone rather than your home phone or by using your email to your personal email address. Ask to see or get photocopies of your health information. By law, there are a few situations in which we can refuse to permit access or copying. For the most part, your will be able to get a copy of your health information within 30 days of asking us (60 is info is stored off site). You may have to pay a fee for copying in advance. To get photocopies, please submit a written request. Ask us to amend your health information if you believe it is incorrect/incomplete. Get a list of the disclosures that we have made of your health info with the past six years. By law, the list will not include: Disclosures required by law & some other limited disclosures. You are entitled to one such list per year at no charge. To request such a list, you must submit a written request. Get additional paper copies of this Notice of Privacy Practices upon request.

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information already on file as well as to such information we may generate in the future. If we change our Privacy Practices, we will post it in the office & make copies available.

COMPLAINTS: If you think that we have not properly respected the privacy of your health information, you are free to complain to us of to the U.S. Dept. of Health & Human Services, the office for Civil Rights, We will not retaliate against you if you do choose to make a complaint.

ACKNOWLEDGEMENT OF RECEIPT: I acknowledge that I have rec'd a copy of the Privacy Practices.

Print: _____

Date: _____

Signature: _____

(Patient or Parent/Guardian)