

# Notice of Privacy Practices for Health Information (HIPPA)

## How your Health Information may be used...

### ...To Provide Treatment

We will use your PHI inside our office to provide you with the best dental care possible! This may include office and clerical procedures used to streamline coordination between the Doctor, his Assistants, Hygienists, and business office staff. In addition, your treatment may require us to share your PHI with other entities such as referring Doctors, Clinical Laboratories, or your pharmacy.

### ...To Obtain Payment

We may include your PHI with paperwork sent to collect payment for the services you receive in our office, such as with insurance forms sent either through the mail or electronically. We will be sure to only work with companies with a similar commitment to the protection of your PHI.

### ...To Conduct Dental Care Operations

Your PHI may be used during performance reviews or training of our staff. It is possible that your PHI will be disclosed during audits by insurance companies or government agencies as a part of their quality assurance or compliance reviews. Your PHI may be reviewed in the process of certification, licensing, or credentialing.

### ...In Patient Reminders

Because we believe regular care is very important to your dental health, we will remind you of an appointment you've scheduled or that it is time to contact us and make an appointment. Additionally, we may contact you to follow up on your treatment or to inform you of treatment options that may be available for you or your family. These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best possible preventative, restorative, and cosmetic treatment that modern dentistry can provide. This may include postcards, folding postcards, letters, voicemail messages, and electronic reminders such as e-mail (unless you tell us that you do not want to receive these reminders).

### ...Abuse or Neglect

We will notify the proper government agency if we believe a patient is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we are specifically required or authorized by law or with the patient's agreement.

### ...Public Health or National Security

We may be required to disclose PHI to federal officials or military authorities when it is necessary to complete an investigation related to public health or national security.

### ...For Law Enforcement

We may be required to disclose PHI to law enforcement officials for law enforcement purposes. An example would be if you were a victim of a crime, or in order to report a crime.

### ...Family, Friends, and Caregivers

With your permission, we may share your PHI with those you tell us will be helping you with your home hygiene, treatment, medication, or payment. If there is an emergency, and you are unable to tell us what you want, we will use our very best judgment in sharing your PHI, and only when it will be important to those participating in providing your care.

### ...To Coroners, Funeral Directors, and Medical Examiners

We may be required by law to provide PHI to coroners, funeral directors, or medical examiners in order to determine a cause of death or prepare for a funeral.

### ...Research

Advances in dental knowledge often involve learning from the careful study of the dental histories of prior patients. Formal review of dental histories as a part of a research study will happen only under the ethical guidance of an Institutional Review Board.

## Your Rights as a Patient

You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, 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. You have the right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations. You have the right to inspect and copy your PHI. You have the right to amend your PHI. You have the right to receive an accounting of disclosures of PHI. You have the right to obtain a paper copy of this notice from us upon request.

Please list any person(s) you give your permission to have protected information shared with upon request: \_\_\_\_\_

I acknowledge that I have received a copy of the S&C Dental Notice of Privacy Practices, containing a complete description of the uses and disclosures of my health information. This is simply an acknowledgement of receipt and nothing more.

Patient/Guardian/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Name (if different) \_\_\_\_\_ Relationship to patient \_\_\_\_\_