

We Care About Your Privacy

1. Our Pledge Regarding Medical Information

The privacy of your medical information is important to us. We understand that your medical information is personal in nature and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. Our Legal Duty

Law Requires Us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

We have the right to:

1. Change our privacy practices and the terms of this notice at any time, if law permits the changes.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the change.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. Use and Disclosure of Your Medical Information

This is how we use and disclose medical information. **Note:** We will not use or disclose your medical information for any purpose not listed below. Any specific written authorization you provide may be revoked at any time by writing to us.

For Treatment:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, hygienists, dental assistants, technicians, medical students, or other people who are rendering medical services to you.

Example: You come to our office in pain. We treat you temporarily for the immediate pain but cannot do the treatment here. Several people need to know about your condition :

- The treating doctor and staff
- The specialist staff
- The treating specialist

For Payment:

We may disclose your medical information for payment purposes.

Example: You are treated in our office for a crown on a tooth:

- We need to send an x-ray copy to your insurance company along with the claim to receive payment
- We may send in a pre-treatment estimate for this procedure
- We may need to release medical information to insurance company employees when making inquiries about payment on your claim

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating employee performance, staff training, and getting necessary training, accreditation, certifications, and credentials we need to serve you.

For Health Care Operations:

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Additional Uses And Disclosures:

In addition to using and disclosing for previous listed reasons, we may use and disclose medical information for the following purposes:

Research in Limited Circumstances:

Medical information for research purposes in limited where the research has been approved by a review board that has reviewed the research proposal and established protocolsto ensure the privacy of medical information.

Funeral Director, Coroner, Medical Examiner:

We may share medical information about a patient who has died with the medical examiner, coroner, or other legal authorities.

Court Orders and Judicial and Administrative Proceedings:

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials.

Public Health Activities:

As required by law, we may disclose your medical information to public health officials charged with preventing or controlling disease, injury, or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration (FDA) for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs, or replacements, to track products, or to conduct activities required by the FDA. We may also, when authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect or Domestic Violence:

We may disclose medical information if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or another crime. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or to the health or safety of others. We may share medical information with law enforcement officials to help them capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation:

We may disclose health information when authorized to and necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities:

We may disclose medical information to an agency providing health oversight activities by law, including audits, civil, administrative, or criminal investigations and inspection, licensure, or disciplinary action or other authorized activities.

Law Enforcement:

Under certain circumstances, we may disclose health information to law enforcement officials as required by law (including certain types of wounds).

4. Your Individual Rights

You have a right to:

1. Look at or obtain copies of your medical information. You must make your request in writing. Our office has copies of the form needed to request copies. There may be fees associated with copies and postage, if you request the information mailed.
2. Receive a list of the times our office shared your medical information for reasons other than detailed above or other specified exceptions.
3. Request that we place additional restrictions on our use and disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by your request (except in case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request must be made in writing to our office.
5. Request that we change your medical information. We may deny your request if we did not create the information or for certain other reasons. If we deny your request we will provide you with a written explanation. Your request and our explanation will become a permanent part of your medical record.
6. Request a copy of this notice. Ask at our front desk for a copy.

Questions and Complaints

If you have any questions about this notice ask the receptionist for help or speak with our Privacy Officer. If you feel that your privacy rights have been violated you may contact our Privacy Officer or you may contact the U.S. Department of Health & Human Services. There will be no retaliation for complaints filed.