

# Elite Dental Studio

HIPAA Notice of Privacy Practices • Effective Date: April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

## Privacy Officer: K.T Dao

We care about our patients' privacy and strive to protect the confidentiality of our medical information at this practice. New federal legislation known as the "HIPAA Privacy Rule" requires that we issue this official notice of our privacy practices. You have the right to confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of this Notice of Privacy Practices currently in effect and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this Notice, please contact the Privacy Officer at this office.

## Who Will Follow This Notice

Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice and covering providers who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service) sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

## How We May Use and Disclose Medical Information About You

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not all possible uses and disclosures are listed.

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. Example: we may disclose protected health information to third parties in order to coordinate your care, such as phoning in a prescription, ordering lab work, scheduling x-rays or when referring you to another health care provider. We may disclose protected health information about you to family members and others that may assist in your care.

**For Payment.** We may use and disclose medical information in order to bill and collect payment for the treatment and services provided to you. Example, we may contact your health plan to certify that you are eligible for benefits before we provide services. We may use and disclose protected health information to determine if your health plan will cover the cost of your treatment.

**For Health Care Operations.** We may use and disclose medical information about you to support the business activities of this practice and to assure that you receive quality care. Example, we may ask you to sign your name on a sign in sheet at the reception desk. We may also call you by name in the waiting room. We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

## Other Uses or Disclosures That Can Be Made Without Consent or Authorization

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public safety or health
- As required by military command authorities, national security or intelligence agencies
- To workers' compensation or similar programs for processing claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body or to determine cause of death
- If an inmate, to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Other health care providers' treatment, payment and health care operations
- Uses and disclosures required by law
- Uses and disclosures in domestic violence or neglect situations
- Health oversight activities such as audits, inspections and licensure
- For organ or tissue donation, if you are an organ donor
- Other public health activities for control of communicable diseases, medication reactions and product recalls

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

## Uses and Disclosures of Protected Health Information Requiring Your Written Authorization

Other uses and disclosures of medical information will be made only with your written authorization. If you give use authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time/. If you revoke your authorization, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care we have provided you.

#### **Your Individual Rights Regarding Your Medical Information**

**Right to Request Restrictions.** You have the right to request restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to someone who is involved in your care or the payment of your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to the Privacy Officer at this office. In your request you must tell us what information you want us to limit, how you want to restrict the information and to whom you want the restrictions to apply.

**Right to Request Confidential Communications.** You have the right to request how we should send communications to you about your medical matters, and where you would like the communications sent. To request confidential communications, you must make your request in writing to the Privacy Officer at this practice. We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for use in a civil, criminal, or administrative action or proceeding, and protected health information in which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at this practice. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the practice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if information was not created by us, is not part of the medical information kept at this practice, is not part of the information which you would be permitted to inspect and copy, or which we deem to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttal will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

**Right to an Accounting of Disclosures.** You have the right to request a list of disclosures we made of medical information about you other than disclosures made for treatment, payment and health care operations. To request this list, you must submit your request to the Privacy Officer at this practice. Your request must state the time period for which you want to receive a list of disclosures that is no longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (example: on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we reserve the right to charge you for the cost of providing the list. We will notify you of the costs and you may withdraw your request before the costs are incurred.

**Right to a paper Copy of This Notice.** You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current Notice, please request one in writing from the Privacy Officer at this practice whose name appears at the beginning of this Notice.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

**Changes to This Notice.** We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice, with the effective date in the upper right corner of the first page.

#### **Acknowledgement of Notice of Privacy Practices**

\_\_\_\_\_ I hereby acknowledge that I have received a copy of this practice's Notice of Privacy Practices.  
Patient or Representative Name

\_\_\_\_\_  
Patient or Representative Signature

\_\_\_\_\_  
Date