

NOTICE OF PRIVACY POLICY

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health providers keep your medical and dental information private. The privacy practices described are currently in effect. We reserve the right to change our privacy practices, and the terms of this notice at any time, provided such changes are permitted by law. If changes are made, a new Notice of Privacy policy will be available in our office. You may request a copy of our Notice at any time.

Uses and Disclosures of Health Information

The following describes how protected medical information (i.e. individually identifiable information, such as names, dates, phone/fax numbers, email addresses, social security numbers, etc.) may be used or disclosed by us in one or more of the following respects:

- **Treatment Services:** We may use or disclose your health information to all of our staff members, other dentists or dental specialists, your physicians, and/or other healthcare providers taking care of you in connection with your dental treatment.
- **Payment and Health Care Operations:** We may use or disclose your health information to obtain payment for services we provide to you, to participate in quality assurance, disease management, training, licensing, and certification programs.
- **Marketing:** We will not use your health information for marketing or fundraising without consent. We will not sell your health information without your explicit authorization.
- **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, text messages, emails, postcards, or letters.
- **Legal Requirements:** We may use or disclose your health information when required to do so by law.
- **Abuse or Neglect:** If abuse or neglect is reasonably suspected, we may use or disclose your health information to the appropriate governmental authorities.
- **Family Members, Friends, and Others Involved in Care:** At your request, we may disclose your health information to a family member or other person if necessary to assist with your treatment and/or payment for services. Based on our judgement and as per 164.522(a) of HIPAA we may disclose your information to these persons in the event of an emergency situation. We also may make information available so that another person may pick up filled prescriptions, medical supplies, records, or x-rays for you. Your information may be disclosed to assist in notifying a family member, caregiver, or personal representative of your location, condition, or death.
- **Business Associates:** Some services in our organization are provided through contacts with business associates. Examples include practice management software representatives, accountants, answering service personnel, etc. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. All of our

business associates are required to safeguard your information and to follow HIPAA Privacy Rules.

- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs.
- **Other Authorizations:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Although we do everything we can to protect your privacy, please understand that other patients or third parties may overhear incidental information about treatment or scheduling. Rest assured that we will do our absolute best to protect you.

Patient Rights

- **Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information.
- **Accounting of Disclosures:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last six years.
- **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information.
- **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.
- **Amendment:** You have the right to request that we amend or modify your protected health information in certain circumstances. Your request must be in writing, and must explain the reason for the amendment. We may deny your request under certain circumstances.

Questions and Complaints

If you want more information about our Privacy Policy or have questions or concerns, please contact us. If you have concerns relating to a perceived violation of your privacy rights, to access your health information, to amending or restricting the use or disclosure of your health information, or to requesting alternative means of communication, you may, without risk of retaliation, file a complaint as to any violation by us of your privacy rights by submitting inquiries to our Privacy Contact Person: Rinehart, Marr & Murdock Dental, PC at our address or the United States Secretary of Health and Human Services (which must be filed within 180 days of the violation).

This privacy notice is effective as of the date of your signature. If you have any questions about the information in this notice, please ask for our Privacy Contact Person: Rinehart, Marr & Murdock Dental, PC, or direct your questions to this person at our office address. Thank you.

PATIENT ACKNOWLEDGEMENT

I hereby acknowledge that I have received and reviewed a copy of this privacy notice.

Name of Patient, or Parent/Legal Guardian if the patient is a child

Signature of Patient, or Parent/Legal Guardian if the patient is a child

Date