



HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices is NOT an authorization. This Notice of Practices describes how Pittsboro Smiles Family Dentistry may use and disclose your protected health information (PHI) in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPAA), to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. The goal of the Notice of Privacy Practices is to inform patients of:

- How the health care organization will use and disclose patient PHI.
- Patient rights and responsibilities with respect to their PHI.
- The duties of the covered entity with respect to patient PHI.

Pittsboro Smiles Family Dentistry is required by law to provide this notice of our legal duties and privacy policies with respect to PHI; Pittsboro Smiles is also required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of this Notice of Privacy Practices at any time. We will make any Notice of Privacy Practices available upon request. You may request a copy of our Notice of Privacy Practices at any time by contacting our office.

Each patient that receives healthcare services at Pittsboro Smiles Family Dentistry is offered a copy of our Notice of Privacy Practices and will acknowledge receipt of this information in writing.

New Patients

When a new patient arrives at the office:

- The individual responsible for the patient's registration is responsible for providing the patient with the Notice of Privacy Practices and obtain a signed acknowledgement of receipt.
- A copy of the acknowledgement form will be kept in the patient's medical record.

Existing Patients

When a patient's file contains a signed Patient Acknowledgement form, Pittsboro Smiles personnel are not required to provide the patient with an additional copy. If there is no documentation of a previous receipt and acknowledgement of the Notice of Privacy Practices for an existing patient, Pittsboro Smiles will:



- Provide the patient with the Notice of Privacy Practices
- Request the patient acknowledge receipt of the Notice of Privacy Practices by signing the Patient Acknowledgement form.

If the patient refuses or is unable to sign the acknowledgement form, the staff member will:

- Document the patient's refusal or inability to sign the Patient Acknowledgement form, along with any efforts made to obtain the patient's acknowledgement.
- File the annotated Patient Acknowledgement form in the patient's record.

Uses and Disclosure of Protected Health Information

Your PHI may be used and disclosed by our dentists, our office staff, and others outside of our office that are involved in your care and treatment; this includes providing health care services to you, to pay your health care bills, to support the operation of Pittsboro Smiles, and any other use required by law.

Treatment

Pittsboro Smiles Family Dentistry will use and disclose your protected health information (PHI) to provide, coordinate, or manage your health care and any related services. This includes consultation with other healthcare providers, team members, subcontractors, and or individuals who are involved in your treatment, billing, administrative support, or data analysis.

Payment

Your PHI will be used, as needed, to obtain payment for your past, present or future health care services.

Your Rights

- The right to request restrictions on certain uses and disclosures of PHI
- The right to inspect and copy PHI, as permitted by law.
- The right to inspect and copy PHI.
- The right to amend PHI, as permitted by law.
- The right to receive an accounting of disclosure of PHI.
- The right of an individual to obtain a paper copy of the notice, upon request.
- The right to complain to Pittsboro Smiles Family Dentistry at the above address or request to speak with a Compliance Officer. Pittsboro Smiles will not retaliate against you for filing a complaint.
- The rights to receive a notice of breach. We will notify you if your unsecured protected health information has been breached.
- The right to a copy of this Notice of Privacy Practices.



Acknowledge of Notice of Privacy Practices

The Department of Health and Human Services has established a “Privacy Rule” to help ensure the personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patient’s consent for uses and disclosures of health information about the patient, to carry out treatment, payment, or health care operations.

As our patient, we want you to know that we respect the privacy of your personal dental records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support our full access to your personal dental records. We may have indirect treatment relationships with you (such as laboratories that only interact with doctors and not patients) and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you, should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in the document, at some future time, you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken, which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent, in writing, after you have reviewed our privacy notice.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices.

Print Patient’s

Name _____ Date _____

Patient’s

Signature _____

Witness

Signature _____