

# Notice of Privacy Practices

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 privacy of your health information is important to us.

## Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is effect. This Notice takes effect on September 23, 2013, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the rights to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make significant changes in our privacy practice, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact the Practice Administrator.

## Uses and Disclosure of Health Information

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use or disclose your health information to obtain payments for services we provide to you

**Healthcare Operations:** We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualification or evaluation of healthcare professionals, and provide Billy S. Pealock, D.M.D. or Calvin W. Huff, D.D.S. to oversee, supervise or dictate the professional activities of duly licensed dental professionals.

**Your Authorization:** 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 an authorization, you may revoke it in writing at any time. Your reaction 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 in this notice. If a patient personally pays for a procedure and asks that information about the procedure NOT be disclosed to their insurance company, so long as the patient pays in full for the procedure in a timely manner, the practice will not make the disclosure.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patients Rights section of the Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help you with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another responsible of your care, of your location, your general condition, or death. If you are present, then prior to use or disclose of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, dental supplies, X-rays or other similar forms for health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization. Patient information will not be sold or used for marketing or fundraising purposes without previous signed authorization. You will be informed if there are any financial conflicts of interest with the dentist and any products or services utilized within the practice or as part of the treatment. The patient must also acknowledge this conflict of interest statement in writing.

**Required by Law:** We may use or disclose your health information when we are required to do so by law. The patient will be notified of any breaches of information in a timely manner.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are the possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to you health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Force personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voice mail messages, e-mail, postcard or letters).

## PATIENT RIGHTS

**Access:** You have the right to look at or get copies of your healthy information, with limited exceptions. (You must make a request in writing to obtain access to your health care information.) If the records are in electronic format, you can get an electronic copy, if possible. If you request in writing that a copy of your records be sent to a specific third party, it will be sent. You may obtain a form requesting access by using contact information listed at the end of this Notice. You may also request access by sending us a letter to 3059 Lawrenceville Hwy. Ste. D, Lawrenceville, GA 30044.

**Disclosure Accounting:** 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 6 years, but not before April 14, 2003.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payment will be handled under the alternative means or location you request.

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit in written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department Health and Human Services.

**Contact Officer:** Michelle Pealock, Practice Administrator

**Telephone:** 770-931-9996 **Facsimile:** 770-931-1984

**Bethesda Walk Dental Care, LLC.**  
**Billy S. Pealock, D.M.D.**

3059 Lawrenceville Hwy. Suite D  
Lawrenceville, GA 30044

Phone: 770-931-9996  
Fax: 770-931-1984

[www.bethesdawalkdentalcare.com](http://www.bethesdawalkdentalcare.com)

ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, have received a copy of  
this office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date