

## HEALTH PROVIDERS NOTICES OF PRIVACY PRACTICES

# Medical Information Privacy Notice

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

North Cumming Dentistry, LLC (hereinafter “North Cumming Dentistry”) is required by law to provide you with a copy of this privacy notice (“Notice”) as it details how we will protect the privacy of your health information. You also have certain rights in relation to your health information which this notice explains. Additionally, this Notice explains how we may use your health information when we may disclose that information to others. North Cumming Dentistry is required by law to abide by the terms of this notice.

The Health Insurance Portability and Accountability Act (“HIPAA”) is a federal law which was enacted, in part, to ensure privacy protections to individuals when it comes to their healthcare. There may be other federal and state laws privacy laws which apply to you.

North Cumming Dentistry, its employees, officers, directors, contractors, business associates, and affiliates (sometimes referred to herein as “we”, “us” or “our”) shall follow this Notice.

North Cumming Dentistry has the right to change our privacy practices and the terms of this Notice. If any material changes are made to our privacy policy, we will advise you of the revisions to this Notice. North Cumming Dentistry will provide you with such information either by direct mail or electronically, in accordance with applicable law.

In order to protect against risks, such as loss, destruction, or misuse of private information, North Cumming Dentistry maintains physical, electronic and procedural security safeguards in handling and maintaining all information, in accordance with all applicable state and federal standards.

### **Information and Protected Health Information (“PHI”)**

For the purposes of this Notice, the terms “information”, “PHI” or “health information” may be used interchangeably and shall include any information that we maintain that can reasonably be used to identify you and that relates to your physical or mental health condition, the provision of health care services to you, or the payment for such health care. PHI is defined by law to include any data created, received, stored or transmitted by any HIPAA-covered entities and their business associates in relation to the past present or future provision of healthcare, healthcare operations, and the payment of such healthcare services. Electronic health information is sometimes referred to as ePHI.

### **Your Rights**

When it comes to your PHI, you have certain rights. This section explains your rights and some of our responsibilities towards you. You have the right to:

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You may request that North Cumming Dentistry provide a copy of your information to a third party whom you identify.

- You must make a written request to inspect and copy your health information or have your information sent to a third party. You must send your request to the address provided herein. We may charge a reasonable fee for any copies or transmittal of records.

#### Ask us to correct or amend your medical record

- You can ask us to correct any of your health information that you think is incorrect or incomplete. Your request must be in writing, specifically identify the information that you feel is inaccurate or incomplete and provide the reasons for the requested amendment. Your request must be mailed to the address for North Cumming Dentistry provided herein.
- We are not obligated to make any changes, however if we decline to do so an explanation will be sent to you writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. You must mail your request to change or restrict communications to the address for North Cumming Dentistry provided herein.
- We will attempt to accommodate all reasonable requests.

#### Ask us to limit or restrict what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. You also have the right to ask us to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. **PLEASE NOTE while we will try to honor your request and will permit requests consistent with our policies, we are not required to comply with your request.**
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Such a request will be honored unless a law requires us to share that information.

#### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared certain health information of yours for six years prior to the date your request, who we shared it with, and why.
- The accounting will include all disclosures except those: made for treatment, payment, and health care operation purposes; made to you or pursuant to your authorization; to correctional institutions or law enforcement officials; and certain other disclosures which are required to be disclosed in an accounting by any applicable law. You are entitled to one accounting per year at no charge, but we will charge a reasonable, cost-based fee for each accounting over one within a twelve-month period.

#### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. A copy of this Notice shall be maintained on this website.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will verify that any person purporting to have such authority is in fact authorized and may act on your behalf before we honor any of such person's requests.

#### File a complaint

- If you feel we have violated your rights you may file a complaint with North Cumming Dentistry directly by contacting us as provided herein.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not take any action or retaliate against you for filing a complaint.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We will never share your PHI unless you give us prior written permission in the following situations:

- Use or disclosure for marketing purposes
- Disclosure which may be considered a sale of your information
- Disclosure of psychotherapy notes, if any.

Any written authorization provided by you for the use or disclosure of PHI may be revoked at any time and will be effective upon reasonable notice.

## Our Uses and Disclosures

We have a right to use and disclose your PHI in the following ways:

1. To provide treatment to you. We can use your health information and share it with other professionals who are treating you in an effort to aid and coordinate your care.
2. Run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary.
3. Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities.
4. Other disclosures related to your relationship with us. Examples of such disclosures include, but are not limited to, reminding you of an appointment, tell you about treatment alternatives and options, or tell you about other health benefits and services.

We may, under limited circumstances, disclose your health information for other purposes, generally related to ways that contribute to the public good, such as public health and research. Before any such disclosures are made, we must comply with all applicable legal requirements. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). Examples may include:

1. Public health and safety issues. We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

2. Research purposes. We may share health information to assist in research related to the evaluation or certain treatments or the prevention of disease, if the research study meets federal privacy law requirements.
3. Compliance with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
4. Respond to organ and tissue donation requests. We may share health information about you with organ procurement organizations to facilitate donation and/or transplantation.
5. Work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
6. Respond to workers' compensation inquiries as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illnesses.
7. Law enforcement for limited purposes such as to locate a missing person or report a crime.
8. Response to an inquiry from any health oversight agencies for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
9. For special government functions such as military, national security, and presidential protective services.
10. Respond to any judicial or administrative proceeding such as response to a court order, search warrant, or subpoena.
11. To avoid a serious threat to the health or safety of you, another person, or the public for example disclosing information to public health agencies or law enforcement, or in the event of an emergency.
12. To our business associates that perform functions on our behalf or provide us with services if the health information is necessary for said functions or services. Our business associates are required, by federal law and pursuant to our contract with them, to protect the privacy of your PHI. They may not disclose or otherwise use your PHI except as specified in our contract and as permitted by law.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described herein unless you give prior written authorization. If you have provided such written authorization you may change your mind at any time and revoke said authorization. Provide us written notice of your revocation at the address provided herein.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Compliance with Certain State Laws**

When we use or disclose your PHI as described in this Notice, or when you exercise certain of your rights set forth in this Notice, we may apply state laws about the confidentiality of health information in place of federal privacy regulations. We do this when these state laws provide you with greater rights or protection for your PHI. For example, some state laws dealing with mental health records may require your express consent before your PHI could be disclosed in response to a subpoena. Another state law prohibits us from disclosing a copy of your record to you until you have been discharged from our hospital. When state laws are not in conflict or if these laws do not offer you better rights or more protection, we will continue to protect your privacy by applying the federal regulations.

## **Additional Restrictions on Use and Disclosure**

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly Confidential Information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: (i) HIV/AIDS; (ii) mental health; (iii) genetic tests; (iv) alcohol and drug abuse; (v) sexually transmitted diseases and reproductive health information; and (vi) child or adult abuse or neglect, including sexual assault. If use or disclosure of health information described above in this Notice is prohibited or materially limited by other laws that may apply to us, it is our intent to meet the requirements of the more stringent law.

## **Contact Us**

Should you need to contact North Cumming Dentistry for any reason, including those regarding this Policy or any privacy concern, please contact us at:

[northcumming@gmail.com](mailto:northcumming@gmail.com)

OR

North Cumming Dentistry, LLC  
2376 Bethelview Road  
Cumming, GA 30040

If you believe that North Cumming Dentistry or anyone affiliated with North Cumming Dentistry has misused any of your information, please contact us immediately to report such action.

Effective Date of this Notice: October 19, 2020