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**NOTICE OF PRIVACY PRACTICES**

***This notice describes how your Protected Health Information may be used and disclosed, and how you may access this information. Please review this notice carefully.***

This *Notice of Privacy Practices* describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, and health care operations; and for other purposes that are permitted or required by law. This notice also describes your rights to access and control your PHI.

*Protected Health Information* is identifying information about an individual that relates to his/her past, present, or future: dental or related health conditions, payment for dental or related health care services, and provision of dental or related health care services to that individual.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information (PHI) may be used and disclosed by your dentist, dental office staff, and others outside of the dental office who are involved in your care and treatment for the purpose of providing dental services to you, to pay your dental bills, to support the health care operations of the dental office, and any other use required by law.

*Treatment.* We may use and disclose your PHI to provide, coordinate, or manage your dental care and any related services, which may include a third party. For example, your PHI may be provided to a dental specialist to whom you have been referred to ensure that the specialist has the necessary information to diagnose or treat you.

*Payment.* We may use and disclose your PHI to obtain payment for your dental services. For example, we may disclose your PHI to your health insurance plan if approval is needed for certain dental treatment.

*Health Care Operations.* We may use and disclose your PHI to support the health care operations of our dental office, including, but not limited to: quality assessment, employee review, training of dental students, professional licensing, or other business activities. For example, we may call you by name in the waiting room when the dentist is ready to see you, or we may use and disclose your PHI when contacting you regarding an appointment reminder.

*Other Purposes.* We may use and disclose your PHI involving the following situations or individuals without your authorization, including, but not limited to: as required by law; public health issues; communicable diseases; health oversight, abuse or neglect; legal proceedings or law enforcement; coroners or funeral directors; organ donation; research; criminal activity, military activity, or national security; workers' compensation; or as required by the Food and Drug Administration. By law we must also disclose your PHI when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500. We must provide such disclosures to you upon your request.

Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object, unless required by law. You may revoke the authorization in writing at any time, except to the extent that your dentist or dental office has taken an action that relies on the use and disclosure of your PHI indicated in the authorization.

**YOUR RIGHTS**

You have the right to inspect and obtain a copy of your protected health information (PHI). Reasonable fees may apply. Under federal law, however, you may not inspect or obtain a copy of the following records: protected health information restricted by law; information compiled in reasonable anticipation of or use in a civil, criminal, or administrative action or proceeding; information related to research in which you have agreed to participate; information whose disclosure may result in harm or injury to you or another person; or information that was obtained under a promise of confidentiality.

You have the right to request a restriction of your PHI. This means that you may ask us to not use and disclose any part of your PHI, and by law, we must comply when the PHI pertains solely to a dental or health care item or service for which the dental or health care provider involved has been paid in full out-of-pocket. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your dental or health care, or for notification purposes, as described in this Notice of Privacy Practices. Your request must state the specific restriction desired and to whom you want the restriction to apply. By law, you may not request that we restrict the disclosure of your PHI for treatment purposes.

You have the right to request an amendment to your PHI. 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.

You have the right to receive an accounting of disclosures of your PHI, except for those: required by law; for purposes of treatment, payment, or health care operations of our dental office; pursuant to an authorization; that occurred prior to April 14, 2003; or that occurred six years or more prior to the date of your request.

You have the right to request confidential communications from us by alternate means or at an alternate location.

You have the right to request a paper copy of this notice from us, even if you have agreed to accept this notice in an alternate form, e.g., electronically. We reserve the right to change the terms of this notice. We will make available copies of any new notice.

**COMPLAINTS**

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services if you believe that we have violated your privacy rights. You may file a complaint with us by notifying our HIPAA compliance officer. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of your protected health information (PHI). We are required to provide individuals with a copy of this notice outlining our legal duties with respect to PHI. We are required to abide by the terms of the notice currently in effect. If you have any questions regarding this notice, please notify our HIPAA compliance officer in person or by phone.

Please sign the accompanying "Acknowledgment of Privacy Practices" form. Please note that by signing the form you are only acknowledging that you have received this notice of privacy practices, and that you have been given an opportunity to review it.