NOTICE OF PRIVACY PRACTICES

This Notice describes how health information about you may be used and disclosed and how you can access 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 in effect. This Notice takes effect (09/13/13), and will remain in effect until we replace it. We will not make any changes in our privacy practices that are described in this Notice without letting you know in advance. We reserve the right to make changes to this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the 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 a significant change in our privacy practices, we will provide you notice of the change.

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 us using the information listed at the end of this Notice.

Right to Notification of a Breach: You will receive notices of breaches of your unsecured protected health information as required by law.

Restriction: You have the right to request that we place additional restrictions or limits on the use or disclosure of your PHI by signing a written request to the Privacy Official. You must make your written request at least 30 days before the date on which you want the restrictions to begin. Please note that you are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

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 a satisfactory explanation how payments will be handled under the alternative methods or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances. If we agree to your request, we will amend your PHI and notify you of such. We may also disclose PHI to the new records directors consistent with applicable law to enable them to carry out their duties.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. Some information, such as HIV-related diseases, mental health information, information about alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they apply to applicable cases involving these types of records.

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 and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.
- Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence of healthcare professionals, conducting training programs, and provider personnel activities.

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 to carry out activities not typically associated with your treatment, payment, or healthcare operations. For example, your authorization allows us to use or disclose your health information for marketing purposes, research, or “public health activities.” We will obtain your written authorization before using or disclosing your health information for purposes other than those you have provided in this Notice except those described in this Notice.

Disaster Relief: We may use or disclose your health information when we are required to do so by law. For example, we will provide your health information to a public health authority if a disease outbreak is declared.

Marketing Health-Related Services: Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and use of PHI for research. We may use or disclose your health information without your authorization for our healthcare operations activities, or as otherwise permitted or required by law. If you change your mind, you may withdraw your authorization at any time, in writing, and it must explain why the information should be amended.) We will not be required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or healthcare operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

Your rights:

- Right to Access: You have the right to look at or get copies of your health information, with limited exceptions. You may make your request in writing, but you may make your request verbally and we will follow up in writing. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services.

- Right to Amend: If you believe that your health information is incorrect or incomplete, you have the right to request an amendment. You may only request an amendment to health information for which you have authorized us to disclose (you must specify which of your records you want to have amended). We will also provide you with the address to file your complaint with the U.S. Department of Health and Human Services.

- Right to Restrict: You have the right to request a restriction on our uses and disclosures of your health information. You must make your request in writing, but you may make your request verbally and we will follow up in writing. We will also provide you with the address to file your complaint with the U.S. Department of Health and Human Services.

- Right to Notice of a Breach: You will receive notices of breaches of your unsecured protected health information as required by law.

- Right to Request Restrictions: You have the right to request that we restrict the uses and disclosures of your health information for treatment, payment, or healthcare operations. (Your request must be in writing.) Your request must specify the alternative means or location, and provide a satisfactory explanation how payments will be handled under the alternative methods or location you request.

- Right to Electronic Communications: 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 be in writing.) Your request must specify the alternative means or location, and provide a satisfactory explanation how payments will be handled under the alternative methods or location you request.

For more information, visit us online at NBDSmiles.com

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