

## NOTICE OF PRIVACY PRACTICES

This Notice of Privacy describes how health information about you and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this Notice, please contact our Privacy Officer.

This notice of Privacy Practices describes how we may use and disclose your protected health information to carry our treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your health information. We are required by Federal Law to give you this Notice and so maintain the privacy of your health information. We must also abide by the terms of this Notice while it's in effect. We Reserve the right to change our privacy practices and the terms of this Notice at any time. Before we make significant changes in our privacy practices, we will change this Notice and make Notice available upon request.

### **Uses and Disclosures of protected Health Information.**

You will be asked to sign and Acknowledge of Receipt of Notice of Privacy Practices. Once you have received our Notice of Privacy Practices, disclosure of your protected health information will be used for treatment, payment and health care operations. Your Protected health information may be used and disclosed by our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operations of the practice. Following are examples of the types or uses and disclosures of your protected health care information that our office is permitted to make.

**Treatment:** we will use and disclose your protected health information to other dentist and physicians to provide, coordinate, or manage your healthcare. For example, your protected health information may be provided to another dentist to whom you have been referred to, ensure that the necessary information is available to diagnose or treat you. In addition, we may disclose your health information at times to a dental laboratory or specialist.

**Payment:** Your protected health information will be used to obtain payment for services we provide to you. This may include certain activities that your insurance plan may undertake before it approves or pays for the services we recommended.

**Health care Operations:** We may use or disclosed your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, credentialing activities, conducting training and conducting other business activities. For example, we may use a sign in sheet at the registration desk, where you will be asked to sign your name and indicate your doctor. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

**Business Associated:** We will share your protected health information with third party Business Associated that performs various activities (billing or laboratory services) for the practice. Whenever arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have written contract terms that will protect the privacy of your protected health information.

### **Uses and Disclosures of Protected Health Information Based upon your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing except to the extent that our practice has already taken an action as provided for in the authorization.

### **Other Permitted and required Uses and Disclosures That May Be Made with Your Consent, Authorization or Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Family and Friends:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information to the extent necessary to help with your health care or with payment for your Health care. We will also use our professional judgment to make reasonable decisions in your best interest in allowing a person to pick up filled prescriptions, dental supplies, x-rays or other similar forms of health information.

