

HIPPA NOTICE OF PRIVACY PRACTICES

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This notice describes how your medical information may be used and/or disclosed. It also explains how you can get access to this information. Please review it carefully. The privacy of your health information is important to us. Protected health information is the information we create and obtain in providing services to you. Such information may include documenting your symptoms, examination, test results, diagnoses, treatment, x-rays and insurance information. It also includes billing documents for those services. Your health information may be used and disclosed by us and others outside of our office that are involved in your care and treatment. This office is permitted by federal privacy laws to make and disclose your health information for purposes of treatment, payment, and health care operations.

We must follow the privacy practices we describe in this notice while it is in effect. This notice takes effect on April 13th, 2003. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information we maintain, including health information we created or received before we made the changes as applicable law permits. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment.

Uses and Disclosures of Protected Health Information

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your dental healthcare and any related services. This includes the coordination or management of your health care with a third party. We will also disclose protected health information to other dentists or health care providers (e.g., a specialist or laboratory), who at the request of your dentist, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Health Care Operations: We may disclose, as needed, your protected health information in order to support the business activities of our practice. For example, we may call you by name in the waiting room when the dentist or hygienist is ready to see you, or to contact you by phone to remind you of your appointment. We will share your protected health information with third party "business associates" that perform various activities (e.g., laboratories, collection agencies, finance companies) for the practice when applicable. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your name and address, which may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact person to request that these materials not be sent to you.

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 your dentist or the dentist's practice has taken an action in reliance on the use or disclosure indicated in the authorization. We will notify you if we cannot accommodate a requested restriction or request.

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 your dentist 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.

Others involved in your healthcare: 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 that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest-based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care about your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family and other individuals involved in your health care.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voice mail messages, postcards, letters, answering machines or leaving a message with a person at your residence to confirm an appointment).

Public Benefit: We may use or disclose your medical information as authorized by law for the following situations without your authorization. These situations include:

- 1.) As required by law;
- 2.) For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- 3.) To report adult abuse, neglect, or domestic violence;
- 4.) To health oversight agencies;
- 5.) Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contacting or spreading the disease or condition.
- 6.) Food and Drug Administration;
- 7.) Law Enforcement;
- 8.) Coroners, Funeral Directors, and Organ Donation;
- 9.) In connection with certain research activities;
- 10.) Criminal Activity;
- 11.) To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- 12.) Workers' Compensation;
- 13.) To correctional institutions regarding inmates;
- 14.) To avert a serious threat to health or safety; and
- 15.) In response to court and administrative orders and other lawful processes or legal proceedings.

Your Health Information Rights

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:

- 1.) Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office;
- 2.) Request that you be allowed to inspect and copy your health record and billing record.
- 3.) Appeal a denial of access to your protected health information, except in certain circumstances.
- 4.) Request a restriction on certain uses and disclosures of your health information by delivering the request to our office in writing—we are not required to grant the request, but we will comply with any request granted;
- 5.) Request that communication of your health information be made by alternative means or an alternative location by delivering the request in writing to our office.
- 6.) Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office in writing. We may deny your request if you ask us to amend information that was not created by us unless the person or entity that created the information is no longer available to act on the requested amendment or is not part of the health information kept by or for our office or, is not part of the information that you would be permitted to inspect and copy or if the information is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- 7.) Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care about your location, condition, or your death.
- 8.) Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.

To Request Information or File a Complaint:

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Cheryl Sovine (772) 564-0724.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Cheryl Sovine. You may also file a complaint by mailing it to the Secretary of Health and Human Services, whose street address is: Office of Civil Rights – U.S. Department of Health and Human Services – 200 Independence Avenue S.W. – Room 509F; HIW Building – Washington, D.C. 20201.

We cannot, and will not, require you waive your right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from the office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services. You may contact our Privacy Contact, Cheryl Sovine (772) 564-0724 for further information about the complaint process.

This notice was published and becomes effective on 4/13/2003. Revised on 4/15/15.