

# HIPAA Notice of Privacy Practices

**This notice describes how dental/medical information about you may be used and disclosed and how you can get access to this information.**

**Please review it carefully.**

## **Our Responsibilities**

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 April 2021 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make 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 material change in our privacy practices, we will change this Notice and provide it to you at your next visit or it can be viewed on our website.

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 at the end of this Notice.

## **Uses and Disclosures of Protected Health Information**

We use and disclose health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care and service that you receive. Your health information is contained in a dental record that is the physical property of Quartz Creek Dental.

## **How We May Use or Disclose Your Health Information**

**Treatment:** We may use or disclose your health information to a dentist, specialist or the other healthcare providers providing treatment to you for:

- The provision, coordination, or management of health care and related services by health care providers.
- consultation between health care providers relating to a patient/customer;
- The referral of a patient for health care from one health care provider to another; of appointment reminders and recall information.

**Payment:** We may use and disclose your health information to others for the purposes of processing and receiving payment for treatment and services provided to you. This may include:

- Billing and collection activities and related data processing;
- Actions by a health plan or insurer to determine or fulfill its responsibility for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefits claims;
- Medical necessity and appropriateness of care reviews, utilization review activities and;
- Disclosure to consumer reporting agencies of information relating to the collection of payments.

**Health Care operations:** We may use and disclose your health information about you for operational purposes. For example, your health information may be disclosed to members of staff to:

- Evaluate the performance of our dentists;

- Assess the quality of service, product, and care in your case and similar cases;
- Learn how to improve our facilities and services; conduct training programs or credentialing activities; and
- Determine how to continually improve the quality and effectiveness of the products, service, and care we provide.

**Appointments, Treatment and Quality Assurance:** We may use your information to provide appointment reminders or recall notices (such as voicemail messages, postcards or letters) or information about treatment alternatives or other health-related benefits; products and services that may be of interest to you. We may also contact you to conduct our own surveys about the quality of the products and services we provide.

**To You, Your Family and Friends:** We must disclose your health information to you, as described in the Your Health Information Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so or you are not able to agree if it's necessary in our professional judgment.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the ratification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location or general condition. If you are present, prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common proactive to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, photos, or other similar forms of health information.

**Required by Law:** We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority.
- To report information related to victims of abuse, neglect or domestic violence;
- To assist law enforcement officials in their law enforcement duties; or
- To assist public health officials, avert serious threat to the health or safety of you or any person.

**Decedents:** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ/Tissue Donation:** Your health information may be used or disclosed for cadaveric organ or tissue donation.

**Research:** We may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

**Government Functions:** Specialized government functions such as protection of public officials to reporting to various branches of the armed services that may require use or disclose your health information.

**Workers Compensation:** Your health information may be used or disclosed in order to comply with laws and regulations related to Worker Compensation.

**Marketing Health: products or Services:** We will not use your health information for marketing communications without your prior written authorization. We may provide you with information regarding products or services that we offer related to your health care needs. We will never sell your health information without prior authorization.

**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 or to disclose it to anyone for any purpose. If you give use and authorization, you may revoke it in writing at any time. Your revocation will not affect any use disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

## Your Health Information Rights

**Access:** You have the right to review or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. WE will use the format you request unless we cannot practically do so. You may be asked to make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies of staff time. You may also request access by sending us a letter to the address at the end of this Notice setting forth the specific information to which you desire access. If you request an alternative format, provided that it is practicable for us to produce the information in such a format, we will charge a cost-based fee for providing you your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for free. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associated disclosed your health information for the purposes other than treatment, payment, healthcare operations, where you have provided an authorization and certain other activities, for the last six (6) years, but not for disclosures made prior to September 1, 2019. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restrictions:** You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or location and provide a satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Alternative Communication:** You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means of location and provide a satisfactory explanation of how payments will be handled under the alternative means 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. You may obtain a form to request an amendment to your health information by using the contact information listed at the end of this Notice.

**Electronic Notice:** If you receive this Notice on our Website or by electronic mail (email), you are entitled to receive this Notice in written form.

**Questions and Complaints:** If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at an alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint with the US Department of Health and Human Services. We will provide you with the address to file your complaint with the US Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will retaliate in anyway if you choose to file a complaint with us or with the US Department of Health and Human Services.

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