

NOTICE OF PRIVACY PRACTICES

This notice describes how health information you may be used and disclosed and how you can get access to this information. Please review it carefully.

**Protecting Your Confidential Health Information is Important to Us
Reflects Omnibus Changes as of March 2013**

Dear Patient:

This is not meant to alarm you! Quite the opposite. It is our desire to communicate to you, and we are taking the HIPPA (Health Insurance Portability and Accountability Act) written to protect the confidentiality of your health information seriously. We do not ever want you to delay treatment because you are afraid your personal health history might be made available to others outside of our office.

The most significant variable that has motivated that Federal government to legally enforce the importance of privacy of health information is the rapid evolution of computer technology and it's use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electronic exchange for health information. This has challenged us to review not only how your health information is used within our computers but also with the Internet, phone, faxes, copy machine, and charts. We believe this has been an important exercise for us because it has disciplined us to put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient.

We will use and communicate your HEALTH INFORMATION only for the purpose of providing treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

How your HEALTH INFORMATION may be used:

To Provide Treatment

We will use your HEALTH INFORMATION within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist, and business office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories pharmacies or other health care personnel providing you treatment. We also may disclose medical information to people outside the provider who may be involved in your medical care after you leave the provider.

To Obtain Payment

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information. We may use and disclose medical information about you so that the treatment and services you receive at the provider may be billed and payment may be collected from you, an insurance company or third party. We may also tell your health plan about treatment in order to gain prior approval.

To Conduct Health Care Operations

It is possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance review. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities. We may use and disclose medical information about you for provider operations. These uses and disclosures are necessary to run the provider and make sure that all of our patients receive quality care. For example, we may use medical treatment to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also use it to decide what additional services to provide, what services are not needed and whether new treatments are effective. We may disclose information to doctors, nurses, technicians, health care students, and other provider personnel for review and learning purposes.

In Patient Reminders

Because we believe regular care is very important to your oral and general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. We may use and disclose medical treatment information in our correspondence. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family.

These communications are important part of our philosophy of partnering with our patients to be sure they receive the best preventative and restorative care modern dentistry can provide. They may include postcards, folding postcards, letters, telephone reminders, or electronic reminders such as email (unless you tell us that you do not want to receive these reminders).

Abuse or Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

Public Health and National Security

We disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security or as required by military command authorities. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

For Law Enforcement

As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, under certain limited circumstances, if you are a victim of a crime or in order to report a crime. Information may also be released to coroners, medical examiners and funeral directors.

Health Information Release of Information

We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment unless you object in writing. In the case of an emergency, disaster relief, or to prevent a serious threat to your health and safety or the health and safety of the public or another person, where you are unable to tell us what you want we will use our very best judgment when sharing your health information.

Authorizations to Use or Disclose Health Information

We may use and disclose your health information if we are unable to obtain your consent because of communication barriers and we believe that you would want us to treat you.

Other than is stated above or where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

Patient Rights

This new law is careful to describe that you have the following rights related to your health information:

Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restrictions preferences from our patients.

Confidential Communications

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through mailed communication that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

Inspect and Copy Your Health Information

You have the right to read, review, and copy your health information, including you complete chart, x-rays and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

Amend Your Health Information

You have the right to ask us to update or modify your records if you believe your health information records or incorrect or incomplete. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.

Your request may be denied if the health information record in question was not created by our office, is not part of our records or if the records containing your health information are determined to be accurate or complete.

Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health operations. We may need to charge you a reasonable fee for your request.

Notification of a Breach

You have the right to be notified by first class mail or by email or any breaches or unsecured protected health information as soon as possible, but no later than 60 days after the breach.

Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call and we will mail, or email a copy to you.

We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice.