

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

The Health Insurance Portability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose, your medical records for each of the following purposes: treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include teeth cleaning services. During your teeth cleaning, the hygienist determines a need to consult the doctor about a potential cavity. The hygienist will share your patient information with the doctor to obtain input.
- **Payment** means such activities as obtaining reimbursement for services containing coverage, billing or collections activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be using health information about you to manage your treatment and services.

Other Disclosures and Uses

- **Notification** - Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.
- **Communication with Family** - Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.
- **Workers Compensation** - If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.
- **Public Health** - As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Abuse & Neglect** - We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.
- **Correctional Institutions** - If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and the health and safety of other individuals.
- **Law Enforcement** - We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.
- **Judicial/Administrative Proceedings** - We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

Other uses and disclosures besides those identified in this Notice will be made only with your written authorization. You may revoke such authorization except to the extent that we have already acted, relying on your authorization.

Your Rights

You have the following rights with respect to your protected health information, which you can exercise by presenting written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend protected your health information.
- The right to receive an accounting of disclosures of your protected health information
- The right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to promptly notify you if a breach occurs that may have compromised the privacy or security of your information.

This notice is effective as of March 10th, 2022. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post a copy of the current version in the waiting area (lobby) as well as on our website. You may also request a written copy from the office.

Complaints

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services Office for Civil Rights (address below) about violations of the provisions of this notice. We will not retaliate against you for filing 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 our HIPAA Privacy Officer at 806-358-2472 or the U.S. Department of Health & Human Services using the contact information below.

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll free: 1-877-696-6755