



Notice of Privacy Policy

THIS NOTICE DESCRIBES HOW HEALTH 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 and Accountability Act of 1996 (HIPAA) requires that health providers keep your medical and dental information private. The HIPAA Privacy Rule states that health providers must also post in a clear and prominent location and provide patients with a written Notice of Privacy Policy (Notice).

We are required by law to abide by the terms of our Notice currently in effect. This Notice describes how we may use and disclose your protected health information (PHI) to carry out 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 PHI. You may request a copy of our Notice at any time.

The privacy practices described are currently in effect. We reserve the right to change our privacy practices, and the terms of this Notice at any time, provided such changes are permitted by law. If changes are made, a new Notice of Privacy policy will be displayed in our office and provided to patients.

USES AND DISCLOSURES OF HEALTH INFORMATION

The following examples describe how information about you may be used in this dental office:

1. Treatment Services: We may use or disclose your health information to all our staff members, other dentists, your physicians, and/or other health care professionals providing care for you.
2. Payment and Health Care Operations: We may use or disclose your health information to obtain payment from health plans and insurers for services we provide to you. We may also use your information for office quality assurance, training, licensing, financial or billing audits, business planning and development, and certification programs.
3. Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders such as text messages, emails, voicemail messages, or letters.
4. Family Members, Friends, and Others Involved in Care: At your request, we may disclose your health information to a family member or other person if necessary to assist with your treatment and/or payment for services. Based on our judgment and as per 164.522(a) of HIPAA, we may disclose your information to these persons in the event of an emergency situation. We may also make your health information available so that another person may pick up filled prescriptions, medical supplies, records, or x-rays for you. Your information may be disclosed to assist in notifying a family member, caregiver, or personal representative of your location, condition, or death.
5. Business Associates: Some services in our organization are provided through contracts with business associates. Examples include practice management software representatives, accountants, etc. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services

rendered. All our business associates are required to safeguard your information and to follow HIPAA Privacy Rules.

6. Legal Requirements and Lawsuits: We may use or disclose your health information when required to do so by law. We may disclose your health information in response to a court or administrative order. We may also disclose in response to a subpoena, discovery request, or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested.
7. Law Enforcement Purposes: We may disclose your health information to a law enforcement official for purposes such as to identify or locate a suspect, material witness or missing person, or to alert law enforcement of a crime.
8. National Security: When required, we may disclose military personnel health information to the Armed Forces. Information may be given to authorized federal offices when required for intelligence and national security activities. Health information for inmates in custody of law enforcement may be provided to correctional institutes.
9. Serious Threat to Health or Safety: We may use or disclose your health information if needed to prevent or lessen a serious threat to a person's health or safety.
10. Coroners, Medical Examiners, and Funeral Directors: We may disclose your health information to a coroner, medical examiner, or funeral director to allow them to carry out their duties.
11. Public Health Activities: We may use or disclose your health information for public activities, including for the following: to prevent or control disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition; or to notify the proper government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (when required by law).
12. Research: We may use or disclose medical information to researchers when an institution's review board or special privacy board has reviewed the proposed study and established protocols to ensure the privacy of the health information used in their research and determined that the research does not need to obtain your authorization prior to using your medical information for research purposes.
13. Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
14. Substance Use Disorder Treatment Information: If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.
15. Other Authorizations: 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 (for example, marketing). If you give us authorization, you may revoke it at any time. Your revocation will not affect any use or disclosures permitted by your

authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

PATIENT RIGHTS

The following examples describe how information about you may be used in this dental office:

- 1) Access: You have the right to request access or get copies of your health information, with limited exceptions. We will provide a copy of your health information in a format you request if it is readily producible. If not readily producible, we will provide it in a hard copy format or another format that is mutually agreeable. If your health information is included in an Electronic Health Record, you have the right to obtain a copy of it in an electronic format and to direct us to send it to the individual or entity you designate electronically. You must make a request in writing to obtain access to your health information.
- 2) Right to Amend: If you believe that your health information is incorrect or incomplete, you may request that we amend it. Your request must be in writing and must explain the reason for the amendment. We may deny your request under certain circumstances, and you will receive written notice of this denial. In response, you may file a statement of disagreement.
- 3) Right to Restrict Use and Disclosure: You may request that we restrict use of your health information to carry out treatment, payment, or health care operations or to your family member or friend involved in your care or the payment for your care. We may not, and are not required to, agree to your requested restrictions, with one exception: if you pay out of your pocket in full for a service you receive from us and you request that we not submit the claim for this service to your health insurer or health plan for reimbursement, we must honor that request.
- 4) Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. 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.
- 5) Accounting of Disclosures: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities, for the last six (6) years. 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.
- 6) Right to Receive Notification of a Security Breach: We are required by law to notify you by first class mail within sixty (60) days if your information has been compromised through unauthorized acquisition, use, or disclosure. The breach notification will contain the following information: (a) a brief description of what happened, including the date of the breach and the date of discovery of the breach, (b) the steps you should take to protect yourself from potential harm resulting from the breach, and (c) a brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches.

QUESTIONS AND COMPLAINTS

If you would like more information about our Privacy Policy or have questions or concerns, please contact us. If you have concerns relating to a perceived violation of your privacy rights, access to your health information,

amending or restricting the use of disclosure of your health information, or requesting alternative means of communication, you may contact us using the information:

HIPAA Coordinator: Jennifer Loui
168 North Meramec, Suite 102
Clayton, MO 63105
Phone: 314-727-4900, Fax: 314-727-9888
Email: jj@claytondental.org

You may also submit a written complaint to the Department of Health and Human Services (HHS). We will provide you with the HHS address upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the HSS.



**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY POLICY**

I HAVE BEEN OFFERED AND/OR RECEIVED A COPY OF THIS OFFICE'S NOTICE OF PRIVACY POLICY. BY SIGNING THIS FORM, I AM GIVING THIS OFFICE MY CONSENT TO USE AND DISCLOSE HEALTH INFORMATION ABOUT ME FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.

I UNDERSTAND THAT THIS ORGANIZATION HAS THE RIGHT TO CHANGE ITS *NOTICE OF PRIVACY POLICY* PERIODICALLY AND THAT I MAY CONTACT THIS ORGANIZATION AT ANY TIME AT THE ADDRESS LISTED TO OBTAIN A CURRENT COPY.

Patient Name: _____

Patient Representative (if minor): _____

Signature: _____

Date: _____

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