



# Austin Creek Dental

## Family and Cosmetic Dentistry

### NOTICE OF PRIVACY PRACTICES (HIPAA Form)

**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.**

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), all medical records and other identifiable health information of which we have knowledge must be kept confidential. All personal health information used by us or disclosed by us is covered by this Act regardless of whether this personal health information is in electronic, oral or paper form. Several new rights are granted to patients under this act, allowing control over how your personal health information is used, how you can access it, and in some cases amend it.

We are required by law to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information.

**This Notice of Privacy Practices is effective on April 14, 2003.**

We are bound to abide by the terms of this notice and reserve the right to make revisions to this policy. Should revisions be made, you will be notified in writing, and a copy of the revised policy will be made available at your request.

You will be asked to sign a consent form authorizing us to disclose your health information only for the following purposes, as defined under the Act:

- ❖ **Treatment** means the provision, coordination, or management of health care and related services by one or more healthcare provider with a third party; consultation between healthcare providers relating to a patient; or the referral of a patient for health care from one healthcare provider to another. An example of this would be a dentist referral to an orthodontist.
- ❖ **Payment** means obtaining reimbursement for the provision of health care: determinations of eligibility or coverage; billing; claim management; collection activities; justification of charges; and disclosure to consumer reporting agencies; protected health information relating to the collection for reimbursements (Only certain information may be disclosed). An example of this would be submitting your bill for health care services to your insurance company.
- ❖ **Health care operations** are any activity related to cover functions in which we participate in the function of our offices, such as conducting quality assessments activities; protocol development; case management and care coordination; auditing functions; business management and general administrative activities, including implementation of this regulation; customer service evaluations; resolution of grievances; fundraising; and marketing for which an authorization is

not required. An example of this would be evaluation customer service given to patients.

- ❖ **Other disclosures and uses** Public Health, Abuse and neglect, Workers Compensation, Food and Drug Administration, Church Ministries, Law Enforcement, Judicial/Administrative proceedings and for Specialized Governmental Functions.

We may, without prior consent use or disclose your personal health information to carry out treatment, payment or health care operations:

- ❖ Directly to you at your request
- ❖ In an emergency treatment situation, if we attempt to obtain such consent as soon as reasonable practicable after the delivery of such treatment, if we are required by law to treat you and attempts to obtain consent are unsuccessful, or if we attempt to obtain consent but are unable, due to barriers of communication, but we determine in our professional opinion that treatment is clearly inferred from the circumstances.
- ❖ Pursuant to and in compliance with an authorization signed by you.
- ❖ Provided that you are informed in advance of the use and disclosure and have the opportunity to agree to or prohibit or restrict the use or disclosure. This may be an oral agreement between us and may include a directory maintained at our facility containing specific information allowed by this Act.

All other uses and disclosures will be made only upon securing a written authorization form signed by you. You have the right to revoke this authorization, at any time, upon written notice and we will abide by that request. However, exception would be any actions already taken, relying on your authorization, and prior to revocation notice.

We may contact you to provide appointment reminders or to inform you about treatment alternatives or other health related benefits or services that may be of interest to you. We may also contact you for marketing purposes.

Under HIPAA, you have the following rights with respect to your protected health information:

- ❖ You have the right to request restrictions on certain uses and disclosures of protected health information, including restrictions placed upon disclosure to family members, close personal friends, or any other person you may identify. We are, however, not required to agree with a request restriction.
- ❖ You have the right to receive confidential communications of your protected health information, either directly from us or from us by alternative means or from alternative locations.
- ❖ You have the right to inspect and copy your protected health information.
- ❖ You have the right to amend protected health information, however, this request may be denied under certain circumstances,
- ❖ You have the right to receive an accounting of disclosure of your protected health information made by us in the six years prior to the date of the accounting request.
- ❖ You have the right to obtain a paper copy of this notice from us, even if you have already agreed to receive the notice electronically.

If you feel your privacy rights or provisions of this notice of privacy have been violated, you have the right to file a formal written complaint. This complaint should be addressed either to the Privacy Officer at our office, or directly to the Department of Health & Human Services, Office of Civil Rights. Both addresses appear below. You will not be retaliated against, in any way, for filing a complaint.

For more information about HIPAA  
Or to file a complaint, contact:

The U.S. Department of Health & Human Services  
Office of Civil Rights  
2201 6<sup>th</sup> Avenue, Room 900  
Seattle, Washington 98121  
[www.dhhs.gov/ocr](http://www.dhhs.gov/ocr)  
1-800-368-1019

**OR**

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