

# Notice of Privacy Practices

**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 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. You may request a copy of our Notice at any time. Additional information may be obtained from the HIPAA Coordinator listed in our written HIPAA plan.

## **OFFICE USES AND DISCLOSURES**

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

**Treatment Services:** We may use or disclose your health information to other professionals who are treating you.

**Payment and Health Care Operations:** We may use and share your information to bill and receive payment from health plans or other entities. We may also use and share your health information to run our practice, improve your care, and contact you when necessary.

**Marketing/Fundraising:** We will not use your health information for marketing or fundraising purposes without your written consent. You can opt out of receiving information about our marketing or fundraisers. We will not sell your health information without your explicit authorization.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, text messages, emails, postcards, or letters.

**Legal Requirements and Lawsuit Responses:** We will share information about you if state or federal law requires it, including the Department of Health and Human Services if it wants to see that we are compliant with federal privacy law. We may also share health information about you in response to a court or administrative order, or in response to a subpoena.

**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 judgement and as per 164.522(a) of HIPAA we may disclose your information to these persons in the event of an emergency situation. We also may make 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. Health information can additionally be shared with a coroner, medical examiner, or funeral director if a person dies.

**Business Associates:** Some services in our organization are provided through contacts with business associates. Examples include practice management software representatives, accountants, answering service personnel, 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 of our business associates are required to safeguard your information and to follow HIPAA Privacy Rules.

**Workers' Compensation, Law Enforcement, and Other Government Requests:** We may use or share health information about you for worker's compensation claims, law enforcement purposes, health oversight agencies for activities authorized by law, and special government functions such as military, national security, and presidential protective services.

**Research and Organ Donation Requests:** We may use or share your information for health research and with organ procurement organizations.

**Public Health Activities:** We may share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

## **PATIENT RIGHTS**

The following explains your rights and some of your responsibilities to help you:

**Access:** You can ask to see or receive an electronic or paper copy of your dental record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request.

**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 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.

**Restriction:** You have the right to ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and may deny that request if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will accept that request unless a law requires us to share that information.

**Alternative Communication:** You have the right to request a specific contact method (example: home or office phone) or to send mail to a different address.

**Amendment:** You have the right to request that we amend your health information. Ask us how to do this. We may deny your request, but we will include an explanation for denial in writing within 60 days.

**Privacy Notice Copy Request:** You have the right to request a paper copy of this notice promptly and at any time, even if you have agreed to receive this notice electronically.

**Complaints:** You have the right to complain if you feel we have violated your rights, by contacting us. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, SW Washington, DC 20201, calling 1(800)696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time and let us know in writing.

For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **ASAY DENTAL**

11028 W Aldbury Ave Nampa, ID 83651

Phone: (208)466-3360 Fax: (208)468-9592

Privacy Official: Jill Rambo

Email: [jillrambo@ericasaydds.com](mailto:jillrambo@ericasaydds.com)

[www.ericasaydds.com](http://www.ericasaydds.com)