

N O T I C E O F P R I V A C Y P R A C T I C E S

Rum River Dental, PA
Effective Date: 14 April 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

P L E A S E R E V I E W I T C A R E F U L L Y !

If you have any questions about this notice, please contact the Facility Privacy Official by dialing 763-389-3045.

Each time you visit a healthcare provider (i.e.: dentist, hospital, physician), a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatments, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of you and your care generated by the dental office, whether made by dental office personnel, agents of the dental office, or the dentist.

OUR REPONSIBILITIES

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

USES AND DISCLOSURES

How we may use and disclose Medical Information about you.

The following categories describe examples of the way we use and disclose medical information:

- I. For Treatment:** We may use dental/medical information about you to provide you treatment or services. We may disclose medical information about you to doctors, nurses, technicians, other dental specialists, or other clinic personnel who are involved in providing services for you. For example: if you need to take an antibiotic for heart problems.

We may also provide the dentist or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged from the dental office.

- II. Payment:** We may use and disclose dental information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your tooth decay and need for a crown so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.
- III. For Health Care Operations:** Members of the dental staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine dental information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for

educational purposes. And we may combine medical information we have with that of other dental offices to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

We may also use and disclose dental information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for dental care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about dental-related benefits or services;
- For population based activities relating to improving dental or reducing dental care costs; and
- For conducting training programs or reviewing competence of dental care professionals.

IV. Business Associates: There are some services provided in our office through contracts with business associates. Examples includes dental specialists (i.e. endodontists or oral surgeons), and dental laboratories. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

V. Individuals Involved in Your Care or Payment for Your Care: We may release dental information about you to a friend or family member who is involved in your dental care or who helps pay for your care.

VI. Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

VII. Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, dental related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

VIII. Organized Health Care Arrangement: This facility and its dental staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time. **Affiliated Covered Entity:** Protected health information will be made available to office personnel as necessary to carry out treatment, payment and dental care operations.

IX. As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others

X. Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

XI. State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the dental practitioner or facility that compiled it, you have the **Right to:**

I. Inspect and Copy: You have the right to inspect and copy dental information that may be used to make decisions about your care. Usually, this includes dental and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the office will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

II. Amend: If you feel that dental/medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility.

We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

III. An Accounting of Disclosures: You have the right to request a restriction or limitation on the dental/medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the dental information we disclose about

you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had.

We are not required to agree to your request. If we do not agree, we will comply with your request unless the information is needed to provide you emergency treatment.

IV. Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to that request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

V. A Paper Copy of this Notice: You have the right to a paper copy of this notice at any time.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the dental office and include the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the dental office by dialing 763-389-3045 and asking for the Facility Privacy Official or with the Secretary of the Department of Health and Human Services. To file a complaint with the dental office, contact the Privacy Official. All complaints must be submitted in writing.

You will NOT be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice of the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records for the care that we provided to you.

PRIVACY OFFICIAL CONTACT INFORMATION

Telephone Number: Call 763.389.3045 and ask for the Privacy Official.