

## NOTICE OF PRIVACY POLICIES

New federal laws (HIPPA-Health Insurance Portability and Accountability Act) were written to protect the confidentiality of your health information. Due to the use of computer technology in healthcare today, the government has sought to standardize and protect the privacy of electronic exchange of your health information. As a result, we have carefully evaluated the use of your information at Ina Dentistry through all electronic exchange. We have put into writing the policies and procedures we will use to ensure the protection of your health information. We want you to know about the policies we developed in order to make sure that your health information is not shared with anyone who does not require it. We will use and communicate your health information only for the purpose of: providing treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have obtained written permission from you.

### YOUR HEALTH INFORMATION MAY BE USED TO:

**PROVIDE TREATMENT:** We will use your health information within our office to provide you with the best dental care possible. This may include administrative and clerical office procedures designed to optimize scheduling and coordination of care between the dentists, hygienists, dental assistants and the business office personnel. In providing treatment for you, we can share your information with physicians, referring dentists, clinical and dental laboratories, pharmacies and other health care professionals.

**OBTAIN PAYMENT:** We may include your health information with an invoice or claim form used to collect payment for treatment you received at Ina Dentistry. We may do this with insurance forms that are filed for you electronically or via mail. We will work with companies who also have a commitment to the security of your health information.

**CONDUCT HEALTH CARE OPERATIONS:** Your health information may be included in office training programs and staff evaluations. Some of our best teaching opportunities for clinical staff, business employees, students, interns and associates come from the use of clinical situations experienced by the patient receiving care at our office. We may disclose your health information during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during routine processes of certification, licensing and credentialing.

**REMIND YOU OF AN APPOINTMENT:** As part of your regular care, we will remind you of a scheduled appointment or that it is time for you to contact us to make an appointment. We may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family. We feel that these communications are an important part of ensuring that you receive the very best preventive and restorative dental care possible. This includes postcards, letters, telephone reminders or email messages (unless you tell us that you do not want these reminders.)

**REPORT ABUSE OR NEGLECT:** We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specially required to or authorized by law or with the patient's agreement.

**INSURE PUBLIC HEALTH AND NATIONAL SECURITY:** We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

**ENFORCE LAWS:** As permitted by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

**NOTIFY FAMILY OR CAREGIVERS:** With your permission, we may share your health information with those who will be helping you with your home hygiene, treatment, medications or payment. In case of emergency where you are unable to tell us what you want, we will use our best judgment when sharing your health information and only when it will be important to those participating in providing care.

**AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION:** Other than is stated above or where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization, in writing, at any time.

### PATIENT'S RIGHTS

**RESTRICTIONS:** You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restrictions or preferences from our patients.

**CONFIDENTIAL COMMUNICATION:** You have the right to request that we only communicate your health information privately, with no other family members present or through sealed, mailed communication.

**INSPECT & COPY YOUR HEALTH INFORMATION:** You have the right to read and review your health information including your complete chart, x-rays and billing records. If you wish to have a copy, we may charge you a reasonable fee for the duplication.

**AMMEND YOUR HEALTH INFORMATION:** You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will accommodate your request as long as we maintain your records. Please provide us with your request in writing and describe the reason for the change. Your request may be denied if the information in question was not created by our office, is not part of our records or if the records containing your health information are determined to be accurate and complete.

**DOCUMENTATION OF HEALTH INFORMATION:** You have the right to ask how and where your health information is used by our office for any reason other than for treatment, payment or health operations. Our documentation procedures enable us to provide health information usage from April 14, 2003 forward.

ALL REQUESTS MUST BE SUBMITTED TO INA DENTISTRY IN WRITING

### REQUEST A COPY OF THIS NOTICE

You have the right to request a copy of this Notice of Privacy Practices directly from our office at any time. We are required by law to maintain the privacy of your health information and to provide you and your representative with this Notice. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our notice. You have the right to express complaints, in writing, to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised.