NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: March 1, 2015

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you is personal and are committed to protecting your health information. We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or received by us.

We are required by law to:

- Make sure that health information that identifies you is kept private and will be used or disclosed only as described by this Notice or applicable law
- Make this Notice available to you
- Follow the terms of the Notice currently in effect

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI)

A. Treatment: We use your health information to provide you dental treatment and services. We disclose your PHI to physician(s), specialist(s), or other healthcare providers, as necessary, involved in your treatment.

B. Payment: We will use and disclose your PHI so that the services and care we provide can be billed to and payment collected from you, your insurance company, or a third party.

C. Healthcare Operations: We may use and disclose your PHI for our office operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. Healthcare operations may include quality assessment and improvement activities, reviewing the competence or qualifications of our staff, evaluating staff performance, conducting training programs, accreditation, certification, and licensing or credentialing activities.

D. Treatment Alternatives: We may use and disclose your health information to tell you about or recommend treatment options or alternatives that may be of interest to you.

E. Reminders: We will use your personal information but NOT your health information to contact you in an effort to provide appointment reminders (voicemail, text, or email messages, postcards, messages left with another person).

F. Persons Involved in Care: We may use or disclose your PHI to notify a family member, your personal representative, or any other person responsible for your care of your location, general condition, or death. If you are present, then we will give you the opportunity to object to such disclosures. We will also use our professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up x-rays, referrals, records, and make/obtain appointment information.

G. Required by Law: We will use or disclose your PHI when we are required to do so by law. We may also disclose to military authorities the health information of Armed Forces personnel. We may disclose to authorized federal officials health information required for lawful intelligence, national security activities, and counterintelligence.

H. Abuse or Neglect: We may disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of others.

I. Marketing: We will NOT use or sell your PHI for mass marketing communications or any other reason.

J. Your Family and Friends: We must disclose your PHI to you, as described in the Patient Rights section of this notice. We may also disclose your health information to family members, friends, or other persons to the extent necessary to help with your care or with payment for your care.

YOUR PATIENT RIGHTS

A. Right to Inspect and Copy: You have the right to inspect and copy PHI. **Requests for copies of your health information must be made in writing and must include your preferred format- digital or paper.** We may charge a fee to cover the costs of copying, mailing, supplies, or other expenses incurred by your request.

B. Right to Amend: You have the right to request that we amend your PHI. Your request must be in writing and must explain why the information should be amended. We reserve the right to deny the request.

C. Right to Request Restriction: You have the right to request, in writing, that we place additional restrictions on our use or disclosures of your PHI. We are not required to agree to these additional restrictions, but if we do agree, we must abide by our agreement.

D. Right to Notified of a Breach: You have the right to be notified if we discover a breach in unsecured protected PHI.

E. Right to Confidential Communication: Your have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. Your request must be in writing and must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location requested. Contact our Privacy Officer if you require such confidential communications.

F. Right to an Accounting of Disclosers: You have the right to request an “accounting of disclosures”- a list of the disclosures of your PHI, with exceptions. We do not need to account for disclosure made: (1) to you; (2) pursuant to your written authorization; (3) for the purpose of carrying out treatment, payment, or operations; (4) to persons involved in your care, or to notify your family about your whereabouts; (5) incidental to another permissible use or disclosure; (6) for national security or intelligence purposes; (7) to a health oversight agency or law enforcement official if they so request. The accounting will include the date of each disclosure, the name of the entity or person to whom the disclosure was made, and a brief description of the information disclosed. You must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003.

QUESTIONS AND COMPLAINTS

If you feel your privacy has been violated, you may file a complaint:

Susan Williams, Privacy Officer
South Mountain Dental
708 Chase Six Blvd
Boonsboro, MD 21713
(301) 432-4322
susan@southmtndental.com

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the U.S. Department of Health and Human Services.
You will not be penalized for filing a complaint.