

# **HIPAA Privacy Policy**

## **NOTICE OF PRIVACY PRACTICES**

**This notice describes how health information about you may be used and disclosed. Please review carefully. The privacy of your health information is important to us.**

### **OUR LEGAL DUTY**

We are required by law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices and your rights concerning your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health and related health care services. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect November 11, 2014 and will remain in effect until we replace it.

We may change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We may make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. We will post a copy of our Notice in our office and on our website [www.mydentistandme.com](http://www.mydentistandme.com). You may also contact our office by calling our Office Manager and requesting a revised copy be sent to you in the mail. You can also ask for one at the time of your next appointment.

The Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations. We will not use or disclose your health information except as these privacy policies and procedures permit or require. Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. The Notice also describes your rights to access and control your protected health information. Further, the Notice informs you of your rights to complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We may use and disclose health information about you for treatment, payment, and health care operations. If required by our state law, or as directed by the dentist, we will also seek Consent from patient before we use or disclose health information for operational purposes, in addition to obtaining an acknowledgement of the receipt of our notice of privacy procedures.

We may also use your health information without authorization from you. Your health information may be used by your dentist and others outside of our office that are involved in your care. Your health information may also be used to pay your health care bills and to support the operation of the dental office.

The following examples are not meant to be exhaustive, but used to describe types of uses of your health information that may be made by our office without your specific authorization.

For example:

**Treatment:** We may use or disclose your health information to another dentist or health care provider providing treatment to you. We may also disclose your health information when we refer you to another health care provider.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. We may need to share part of your health information with your insurance company, collection agencies or attorneys assisting us with collections, and others who are responsible for your bills. We may also use and disclose your health information to determine eligibility or coverage.

**Operations:** We may use and disclose your health information in order to support the operations of the dental practice. Health care operations include but not limited to, quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; obtaining legal services; auditing; business development; business sale or transfer of assets of the dental practice; securing stop-loss or excess of loss insurance; evaluating practitioner and provider performance.

We may use a sign in sheet at the front desk. We may also call you by name in the waiting room. We will share your health information with third party business partners that help us in operations of the dental practice. This may include but not limited to billing, legal services, and accounting.

**To Your Family, Friends, and Other Persons Involved in Your Care:** We may share with a family member, friend, or other person identified by you, your health information that is directly related to that person's involvement in your care. We will do so only if you agree that we may, or, based on our professional judgment, we determine that you would not object to the disclosure.

We will also use our professional judgment and our experience in allowing a person to pick up supplies, x-rays, or other similar forms of health information on your behalf.

Our dental office will always verify the identity of any patient and identity and authority of the patient's representative. Examples of identification include photographic identification card and /or government identification card. Our dental office will document the incident and how we responded.

**Use and Disclosure of Health Information Required by Law:** We may use and disclose your health information when required by federal or state law; when required in court or administrative proceedings; for public health activities; to health oversight agencies; to coroners, medical examiners, and funeral directors; to the military; to federal officials for lawful intelligence and national security activities; to correctional institutions regarding inmates; to law enforcement officials; to report abuse, neglect, or domestic violence; to avert a serious threat to your health or safety or the health and safety of others; and as authorized by state workers' compensation laws.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Contacting You:** We may use and disclose your health information to contact you about appointments and other matters, and to send you electronic billing statements. We may contact you by telephone, email, or mail. We may leave you messages at the telephone number you give us.

**Health-Related Services:** We may use and disclose your health information to send you information by mail or email about our health-related products and services available to you, general dental health news and information, and offers available only to our patients. We will tell you how to cancel these communications.

**Your Authorization:** As explained in this Notice, we may use and disclose your health information for treatment, payment, or health care operations; as required by law; to contact you; and to send you health-related information, but we cannot use or disclose your health information for any other reason without your written authorization. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures already made with your authorization while it was in effect.

## **PATIENT RIGHTS**

**Right to See and Copy Your Health Information:** You have the right to see or get copies of your health information. You must make a written request to us to access your health information. Your written request must be signed and dated. We may charge you a fee for expenses such as copies, staff time, and postage.

**Right to 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, and health care operations. If you request this accounting more than once in a 12-month period, we may charge you a fee for responding to these additional requests. You must submit a written request that is signed and dated.

We are not required to account for disclosures we made: (a) before April 14, 2003; (b) to the patient (or the patient's personal representative); (c) to or for notification of persons involved in a patient's healthcare or payment for healthcare; (d) for treatment, payment, or healthcare operations; (e) for national security or intelligence purposes; (f) to correctional institutions or law enforcement officials regarding inmates; (g) according to an Authorization signed by the patient or the patient's representative; or (h) incident to another permitted or required use or disclosure.

**Right to Request Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information, including uses or disclosures for treatment, payment, and health care operations, and to family members, friends, or others involved in your care or payment for your care. You must provide the request in writing and have it signed and dated. If your dentist believes it is in your best interest to permit use and disclosure of your

health information, your health information will not be restricted. We will document in the patient's chart any such agreed to restrictions.

**Right to Request Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. For example, you can ask that we only contact you at work, or only by mail. You must make your request in writing and your request must be signed and dated.

**Right to Request Amendment:** You have the right to request that we amend your health information. You must submit a written request that is signed and dated. Your request must explain why your health information should be amended. Our dental office may deny a request if: (a) we did not create the information (b) we believe the information is accurate and complete or (c) we do not have the information. We will not alter or delete existing notes in a patient's chart. If we deny your request, we will respond to you in writing with the reason we cannot grant your request and explain your options.

**Right to Written Notice:** If you receive this Notice on our website or by email, you have a right to obtain a paper copy from us.

### **Staff Training and Management, Complaint Procedures, Data Safeguards, Administrative Practices**

#### a) Staff Training and Management

Training — Our dental office will train all members of our workforce in these Privacy Policies & Procedures, as necessary and appropriate for them to carry out their functions. Our dental office will train each new staff member within a reasonable time after the member starts. We will also retrain each staff member whose functions are affected either by a material change in our Privacy Policies and Procedures or in the member's job functions, within a reasonable time after the change.

### **HEALTH INFORMATION PRIVACY POLICIES & PROCEDURES**

Discipline and Mitigation — Our dental office will develop, document, disseminate, and implement appropriate discipline policies for staff members who violate our Privacy Policies & Procedures, the Privacy Rules, or other applicable federal or state privacy law.

Staff members who violate our Privacy Policies & Procedures, the Privacy Rules or other applicable federal or state privacy law will be subject to disciplinary action, possibly up to and including termination of employment.

b) Complaints — Our dental office will implement procedures for patients to complain about our compliance with our Privacy Policies & Procedures or the Privacy Rules. We will also implement procedures to investigate and resolve such complaints. The Complaint form can be used by the patient to lodge the complaint. Each complaint received must be referred to management immediately for investigation and

resolution. We will not retaliate against any patient or workforce member who files a Complaint in good faith.

c) Data Safeguards — Our dental office will “add to” and strengthen these Privacy Policies & Procedures with such additional data security policies and procedures as are needed to have reasonable and appropriate administrative, technical, and physical safeguards in place to ensure the integrity and confidentiality of the PHI we maintain. Our dental office will take reasonable steps to limit incidental uses and disclosures of PHI made according to an otherwise permitted or required use or disclosure.

d) Documentation and Record Retention — Our dental office will maintain in written or electronic form all documentation required by the Privacy Rules for six years from the date of creation or when the document was last in effect, whichever is greater.

e) Privacy Policies & Procedures — Only the owners of the practice My Dentist and Me Pediatric Dentistry, may change these Privacy Policies & Procedures.

## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us. Our Privacy Officer is

Dr Christine Min, Dr Sarah Kim. 5225 Canyon Crest Drive Suite 309 Riverside CA 92507

If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed above. You also may submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.