



All Smiles
DENTAL CARE
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 READ IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

All Smiles Dental Care is required by law, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the amended modifications of 2002, 2013 and state and federal law, to maintain the privacy of your health information and provide notice of our legal duties and privacy practices for health information. This notice summarizes how our doctors, clinical staff, employees, Business Associates and their subcontractors, and other involved parties may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. You may request a copy of our notice at any time. If you received this notice on our website or by electronic means, you are also entitled to receive this notice in written form. For more information about our privacy practices, or for additional copies of this notice, please let a member of our staff know and we will promptly assist you.

USES AND DISCLOSURES OF HEALTH INFORMATION

The most common reason we use or disclose your PHI is for treatment, payment or healthcare operations. For example, treatment may include making and confirming appointments, prescribing medications or sharing information with other healthcare providers treating you. Payment purposes means sending bills, submitting insurance claims and collecting efforts in our office or through an outside agency. However, under the new Omnibus Rule, you are entitled to restrict disclosures to your insurance carrier for services which you wish to pay for in full "out of pocket." Healthcare operations include administrative and management functions such as internal quality assurance, conducting training, personnel decisions, and business planning.

Without your authorization, we are expressly prohibited to use or disclose your PHI for marketing purposes. If we wish to use or disclose your PHI for fundraising activities, we will first provide you the choice to opt out of those activities. We will not use or disclose any of your PHI that contains genetic information that will be used in conjunction with insurance companies for underwriting purposes.

In some cases, the law requires us to disclose protected health information without your permission such as contagious disease reporting or other public health purposes, reports to authorities about victims of suspected abuse, neglect, or other crimes, disclosures for judicial and administrative proceedings, legal proceedings, national security, and other required uses and disclosures.

We will not disclose your PHI for other uses unless you sign a **written authorization**.

This includes sharing information about your care to family members or friends, and the release of information such as records and x-rays. You may refuse to sign an authorization or revoke your authorization at any time by writing to our office.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than facsimiles. We will use the format you request unless we cannot practicably do so. You may also request a summary or an explanation of your health information as an alternative to receiving copies. All requests must be in writing and we will have 30 days from the date we receive your written request to comply.

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 operation and certain other activities, that occurred prior to April 14, 2003, or six years prior to the date of the request. In the event that there is a breach in protecting your PHI, we will follow all federal guidelines and make proper notifications to you and any other parties of significance as required by federal law.

You have the right to ask us to place additional restrictions on our use and disclosure of your information. We are not required to agree, but if we do so, we must abide by the request (except in an emergency).

You have the right to amend your health information if you think it is incorrect or incomplete. If we do not agree that the information is incorrect, we will include a statement of your position along with any rebuttal statement that we may write in your health record. We will send the corrected information to persons who we know received the wrong information.

You may get additional copies of this Notice on request. If you feel your privacy rights have been violated, or if you wish to have us communicate with you by alternative means, please let us know. You also have the right to file a written complaint to the U.S. Department of Health and Human Services. We can provide you with the address to the U.S. Department of Health and Human Services upon request.

Effective September 2013. We must abide by the terms of this Notice of Privacy Practices. We have the right to change this Notice at any time. If we change the Notice, we will post the revision in our office and have copies available. The new privacy practices will apply to any health information we already have as well as new information we may generate in the future. For questions, call 309-681-0200.