



COLLEGEVILLE PEDIATRIC DENTISTRY

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used by Collegeville Pediatric Office as well as describes how you may receive access to this information. Please read this notice carefully. The privacy of your health information is important to us. You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to 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. Before we make a significant change in our privacy practices, we will change this Notice and provide the new Notice at our practice location, and we will distribute it upon request. This Notice takes effect immediately upon signing the **Acknowledgement of HIPAA Receipt**.

YOUR AUTHORIZATION

In addition to our use of your health information for the aforementioned purposes, you may give us written authorization to use or disclose your health information 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 use or disclosures permitted by your authorization while it was in effect. Unless you give a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

YOUR ACCESS

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 photocopies. We will use the format you request unless we cannot practicably do so. We reserve the right of health information disclosure within a reasonable amount of time of up to 30 days.

DISCLOSURE ACCOUNTING

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, health care operations, and certain other activities, for the last 6 years, but not before May 15th, 2017. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests. We reserve the right of accounting disclosure within a reasonable amount of time of up to 30 days.

RESTRICTIONS

You have the right to request that we place additional restrictions on our use or disclosure of your health information. In most cases we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law). We must comply with a request to restrict the disclosure of protected health information to a health plan for purposes of carrying out payment or health care operations (as defined by HIPAA) if the protected health information pertains solely to a healthcare item or service for which we have been paid out of pocket in full.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you without authorization for the following purposes:

- **You, Personal Representative, Decedents:** We must disclose your health care information to you. We must disclose your health care information to a personal representative upon your written request. We may disclose health care information about a decedent as authorized or required by law.

- **Treatment:** We may use or disclose your health information for your treatment. For example, we may disclose your health information to a physician or other healthcare provider providing treatment to you.
- **Payment:** We may use and disclose your health information to obtain payment for services we provide to you. For example, we may send claims to your dental health plan containing certain health information.

- **Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment activities, reviewing quality of healthcare professionals, evaluating practitioner and provider performance, conducting training, accreditation, certification, licensing or credentialing activities.

- **Persons Involved in Care:** We may use or disclose health information to notify or assist in the notification of your person, including identifying or locating a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your absence or incapacity or in emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

- **Required by Law:** We may use or disclose your health information when we are required to do so by law.

- **Public Health and Public Benefit:** We may use or disclose your health information to report abuse, neglect, or domestic violence, to report disease, injury, and vital statistics, to report certain information to the Food and Drug Administration (FDA), to alert someone who may be at risk of contracting or spreading a disease, for health oversight activities, for certain judicial and administrative proceedings, for certain law enforcement purposes, to avert a serious threat to health or safety, and to comply with workers' compensation or similar programs.

- **National Security & Disaster:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody the protected health information of an inmate or patient under certain circumstances. We may use or disclose your health information to assist in disaster relief efforts.

- **Appointment Reminders:** We may use your information to provide appointment reminders, such as voicemail messages.

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

QUESTIONS AND COMPLAINTS

If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may also 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.

Contact Officers: Ali Dalton and Jane O'Brien
Telephone: 610-409-2599
Email: info@collegevillepediatricdentistry.com

Fax: 610-409-9895
Address: 555 Second Avenue, Suite #E-202, Collegeville PA, 19426

Reproduction of this material by dentists and their staff is permitted. Any other use, duplication or distribution by any other party requires prior written approval of the American Dental Association. This material is educational only, does not constitute legal advice, and covers only federal, not state, law. Changes in applicable laws or regulations may require revision. Dentists should contact their personal attorneys for legal advice pertaining to HIPAA compliance, the HITECH Act, and the U.S. Department of Health and Human Services rules and regulations.