



NOTICE OF PRIVACY PRACTICES

Effective Date: 08/26/2020

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Scope of Notice

This Notice applies to all records of your care that we generate, or that we receive. The records may include information about your condition or treatment, diagnostic tests and images, and related dental or other health information.

Our Responsibilities

We are required by law to maintain the privacy of protected health information. We are also required to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect.

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.

How We May Use and Disclose Your Health Information

The following categories describe the different ways that we may use and disclose your health information. Except in some limited circumstances, these categories represent those situations in which we may use and disclose your health information without your permission:

Treatment. We may use and disclose your health information for your treatment. For example, a dentist may read your dental chart in order to care for you properly. We also may disclose your health information to a specialist or other provider providing treatment to you.

Payment. We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. 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 order to operate our dental practice. For example, we may use and disclose your health information to conduct quality assessment and improvement activities, training programs, review the competence and qualifications of our healthcare professionals, and for licensing activities. We may also use your health information to notify you about our

health-related products and services, to recommend possible treatment options or alternatives that may be of interest to you, or to send you appointment reminders.

Business Associates: We may disclose your health information to one or more of our business associates (such as our lawyers, auditors, management service providers, and consultants) in order for them to provide services to us or on our behalf pursuant to a written business associate agreement. Our business associates are required to establish reasonable and appropriate safeguards to protect your information.

Individuals Involved in Your Care or Payment for Your Care. We may disclose your health information to identified family or friends, or any other individual you identify, when they are involved in your care or in the payment for your care. We will only disclose information directly relevant to their involvement in your care, unless you are incapacitated or another emergency circumstance exists. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

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

Public Health Activities. We may disclose your health information for public health activities, such as to prevent or control disease, injury or disability, report child abuse or neglect, or notify a person of a recall, repair, or replacement of products or services.

Disclosures About Victims of Abuse, Neglect, or Domestic Violence. We may disclose your health information to a government authority if we reasonably believe you to be a victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure actions.

Law Enforcement. We may disclose your health information for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute. In responding to processes instituted by someone else involved in the dispute, we will only disclose information if we have attempted to tell you about the request or to obtain an order protecting the information requested, or if the requesting party has attempted the same communication.

Disaster Relief. We may use or disclose your health information to assist in disaster relief efforts.

Serious Threat to Health or Safety. We may disclose your health information when permitted by law to avert a serious and imminent threat to the health or safety of a person or the public.

Specialized Government Functions. To the extent applicable, we may release your health information for specialized government functions, including military and veterans activities, national security and intelligence activities, and correctional institutions.

Worker's Compensation. We may disclose your health information to comply with laws relating to worker's compensation or other similar programs established by law. We will only disclose information

the extent that those laws authorize, and we will only disclose information required to comply with the laws.

Coroners, Medical Examiners, and Funeral Directors. We may release your information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose your health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Research. We may use or disclose your health information in connection with medical research activities approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Other Uses and Disclosures of PHI

Your authorization is required, with a few exceptions, for uses and disclosures of your health information for marketing purposes and for the sale of your health information. Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your prior written authorization. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your health information, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights

Right to Access. You have the right to inspect or get copies of your health information, with limited exceptions, as provided by 45 CFR § 164.524. You must make the request in writing at the address listed at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. If we deny your request for access, we will provide you a timely, written denial explaining the basis for the denial, a description of your right to review the denial, and a description of how you may pursue a complaint regarding that denial.

Right to Request Amendment. You have a right to request that we amend your health information if you believe the information is inaccurate or incomplete, as provided by 45 CFR § 164.526. To request an amendment of your health information, you must submit your request in writing to the address listed at the end of this Notice. Your request must explain why the information should be amended. We may deny your request under certain circumstances. If we do deny your requested amendment, you have the right to submit a written statement disagreeing with our denial, and that disagreement will remain with your medical records, and will be disclosed any time we disclose those medical records.

Right to an Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your health information, as provided by 45 CFR § 164.528. To request an accounting of disclosures of your health information, you must submit your request in writing to the address listed at the end of this Notice.

Right to Request a Restriction. You have the right to request additional restrictions on certain uses and disclosures of your health information for treatment, payment or health care operations, as provided by 45 CFR § 164.522(a). You must make your request in writing. We are not required to agree to your request, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health

care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

Right to Alternative Communication. You have the right to request that we communicate with you about your health information by alternative means or at alternative locations, as provided by 45 CFR § 164.522(b). You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

Right to a Paper Copy of this Notice. You have a right to obtain a paper copy of this Notice upon request.

Changes to this Notice

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, and to make new Notice provisions effective for all protected health information that we maintain. When we make changes in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

Complaints or Request for More Information

If you want more information about our privacy practice, please contact us as the address below. If you believe your privacy rights may have been violated, you can file a complaint with the Privacy Officer listed below or with the Office for Civil Rights, U.S. Department of Health and Human Services, at 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be penalized in any way for filing a complaint.

Privacy Officer: _____

Telephone: _____ Fax: _____

Address: _____

E-mail: _____

Acknowledgement of Receipt of Notice of Privacy Practices

CRANSTON DENTAL GROUP

* You May Refuse to Sign This Acknowledgment*

I have received a copy of this office's Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only:

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please specify): _____
