

Gentle Touch Family Dentistry

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Gentle Touch Family Dentistry is committed to maintaining the privacy and confidentiality of your health information. This Notice of Privacy Practices (NPP) describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment and health care operations and for other purposes as permitted or required by law. 45 CFR§ 164.520. This Notice has been revised to meet the "Final Omnibus Rule" published 01/25/13. This notice replaces our previous NPP and is effective 11/19/2014. You may obtain a copy from our website at www.gentletouchfamilydentistry.com; by calling the office or by requesting a copy at your next appointment.

1. USES & DISCLOSURES OF PHI.

How We Use Your Information: We may use your PHI internally as well as disclose it others outside our Practice involved in your care and treatment for the purpose of providing healthcare services to you.

A) Treatment: We will use and disclose your PHI to provide, coordinate or manage your care and any related services. We may disclose PHI to other providers who may be treating you, such as a specialist.

B) Payment: We will use your PHI to obtain payment for services we provide and verify eligibility or coverage for benefit determination. We may use or disclose your information to bill you for services provided.

C) Healthcare Operations: We may use or disclose your PHI, as needed, in order to support our business activities. For example, we may contact you by telephone, mail, or unencrypted emails for matters related to your account, including but not limited to, billing, insurance, upcoming appointment, overdue care or to follow up or discuss matters related to your treatment. We may leave messages on your voice mail or with whoever answers your telephone or even email you to contact us (but we will not give out detailed PHI). We may send you postcards or unencrypted emails to remind you of scheduled appointments. We may call you by name from the waiting room; we may ask you to put your name on a sign-in sheet; we may tell you about or recommend health-related products and complementary or alternative treatments that may interest you; we may review your PHI for quality performance regarding our services or to evaluate our staff's performance. Additionally, our Privacy Officer may review your records to assist you with complaints. You may choose to correspond with us via email or through our website. If so, you accept the risk of unsecure communication and we will assume that it is your preferred means of communication, unless otherwise notified in writing.

D) Business Associates: We may share your PHI with third party business associates such as an answering service, collection agency, consultants, trainers and legal counsel. We obtain a written agreement between our Practice and the business associate to assure protection and privacy of your PHI.

Other Permitted and Required Uses and Disclosures

We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object:

A) Required or Permitted by Law. We may use or disclose your PHI as required by law. This includes public health activities such as controlling a communicable disease or compliance with health oversight agencies authorized by law. We may disclose PHI to a public health authority authorized to receive reports of child abuse or neglect. We may disclose your PHI if we believe you have been a victim of abuse, neglect or domestic violence to a governmental agency authorized to receive such information in compliance with state and federal law. We may disclose your PHI to the Food and Drug Administration for the quality, safety, or effectiveness of FDA-regulated products or activities. We may disclose your PHI in the course of a legal proceeding in response to a subpoena, discovery request or other lawful process. We may also disclose PHI to law enforcement providing applicable legal requirements are satisfied. We may disclose PHI to a coroner or medical examiner for identification purposes. We may disclose PHI to researchers when the information does not directly identify you as the source of the information and such research has been approved by an institutional review board to ensure the privacy of the PHI. We may disclose PHI as authorized to comply with workers' compensation laws. We may use and disclose your PHI if you are an inmate of a correctional facility and this information is necessary for your care.

Authorization for Other Uses and Disclosures of PHI: Use and disclosure of your PHI not addressed in this Notice of Privacy Practices, such as sale of PHI will be made only with your written authorization. You may revoke this authorization in writing at any time. If you revoke this authorization, we will no longer use or disclose your PHI; however, we are not required to retrieve disclosures made with your prior authorization.

Uses and Disclosures that Require Your Permission or Objection

A) Students: We may share PHI with students working in our practice to fulfill their educational requirements. If you do not wish a student to observe or participate in your care, please notify us.

B) Family, Close Friends, Personal Representatives & Care Givers: We may disclose to a person involved in your care your PHI relevant to that person's involvement in your care or payment of services providing you identify these individual(s) and authorize the release of information. If you are unable to agree or object, we may disclose such information as necessary if we determine that it is in your best interest. If a young adult age eighteen (18) requests that his or her information not be released to a parent or guardian, we must comply with this request in compliance with state law. For minor children living in multiple households, both parents (mother and father) have access to the PHI unless their parental rights have been terminated. Payment of services is addressed in your Final Divorce Decree; however, we obtain payment from the parent who brings the child in for treatment. We will provide you a statement to send to the other parent for your reimbursement.

C) Disaster Relief: If applicable, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.

2. **YOUR RIGHTS**. The following summarizes your rights regarding PHI we gather about you:

A) Copy of this Notice: You have the right to a copy of this notice including a paper copy.

B) Inspect and Copy PHI: You have the right to inspect and obtain a copy of your PHI maintained by our office to include patient and billing records. You must submit a written request and indicate whether you prefer a paper or electronic copy. According to state and federal law, we may charge you a reasonable fee to copy your records. If you requested an electronic copy of your PHI, we may communicate with you via an unsecure email. We suggest sending us an email and we will reply with the attachment.

C) Amendment: You have the right to amend your PHI about you in a designated record set. Please consult with our Privacy Officer. Your request may be denied if we did not create the information or if the individual who created the information is no longer available to make the amendment or it is not part of information we maintain.

D) Restrictions: You have the right to request a restriction of your PHI. If you paid out-of-pocket for a service or item, you have the right to request that information not be disclosed to a health plan for purposes of payment or health care operations and we are required to honor that request. You may discuss restrictions with the Privacy Officer.

E) Confidential Communications: You have the right to request confidential communications from our office by alternative means or at an alternative location. For example, you may request not to receive appointment reminders or information about treatment alternatives or related products or services. Please make any requests in writing.

F) Disclosures: You have the right to request an accounting of disclosures of your PHI including those made through a Business Associate as set forth in CFR 45 § 164.528. This includes disclosures for treatment, payment and healthcare operations if such disclosures are made through an electronic medical record. To request an accounting, you must submit your request in writing. We will provide one accounting free per year. We may charge a cost-based fee if you ask for another one within 12-months.

G) Breach Notification: Under the HITECH Act, you have the right to be notified following a breach of unsecured PHI that affects you. Breach notification applies to our Business Associates who are obligated to notify us if a breach of unsecured PHI occurs that affects you.

H) Fundraising: If PHI is used for fundraising which is considered "health care operations," you will be given the opportunity to opt-out.

3. **COMPLAINTS**. You have the right to file a complaint if you believe your privacy rights have been violated. You may contact our Privacy Officer to address your concern. You may also file a complaint with the Secretary of Health and Human Services at: U.S. Department of Health & Human Services, Office of Civil Rights, 200 Independence Avenue, SW, Washington, D.C. 20201. Your complaint must be filed in writing and be filed within 180 days of when you knew that the act or omission complained of occurred. You may visit the Office of Civil Rights website at www.hhs.gov/ocr/hipaa/ for more information.

If you have any questions, would like additional information or want to report a concern, you may contact the Privacy Officer at:

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67 Smithfield Blvd.
Plattsburgh, NY 12901
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info@gentletouchfd.com

You will not be penalized for filing a complaint.