HIPAA Privacy Policy

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal law that mandates all medical records and other individually identifiable health information—whether maintained electronically, on paper, or orally—be kept strictly confidential. This Act provides you, as the patient, with important rights to understand and manage how your health information is used. HIPAA also establishes penalties for covered entities that misuse personal health information.

As required by HIPAA, this notice explains our legal obligations to maintain the privacy of your health information and how we may use and disclose it.

We may use and disclose your medical records only for the following purposes:

- **TREATMENT:** Providing, coordinating, or managing health care and related services among one or more health care providers. For example, coordinating teeth cleaning services.
- **PAYMENT:** Activities such as obtaining reimbursement for services, confirming coverage, billing, collections, or utilization review. For example, sending a bill to your insurance provider for payment.
- **HEALTH CARE OPERATIONS:** Business activities necessary for running our practice, including quality assessment and improvement activities, auditing, cost management analysis, and customer service. For example, conducting an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to personally identifiable data.

Additionally, we may contact you with appointment reminders or provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You have the right to revoke such authorization in writing, and we are obligated to honor and comply with your request, except to the extent we have already acted in reliance on your authorization.

You have the following rights with respect to your Protected Health Information (PHI), which you may exercise by submitting a written request to our Privacy Officer:

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, relatives, close personal friends, or any other persons identified by you. While we are not required to agree to the requested restriction, if we do agree, we must comply unless you authorize its removal in writing.
- The right to make reasonable requests to receive confidential communications of PHI from us through alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to obtain a paper copy of this notice upon request.

We are legally required to maintain the confidentiality of your PHI and to provide you with notice of our legal duties and privacy practices regarding your PHI.

This notice is effective as of February 1, 2009. We are required to adhere to the terms of this Notice of Privacy Practices and to apply the new notice provisions to all PHI we maintain. We will post and, upon request, provide you with a written copy of any revised Notice of Privacy Practices. Retaliation against individuals who file a complaint is strictly prohibited.

For more information about HIPAA or to file a complaint, contact:

U.S. Department of Health and Human Services

Office for Civil Rights

Independence Ave SW, Washington, DC

1-877-696-6775