

# Family Dental Associates, P.A.

## Notice of Privacy Practices

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

**Our Legal Duty:** THIS PRACTICE IS REQUIRED BY LAW, TO MAINTAIN THE PRIVACY AND CONFIDENTIALITY OF YOUR PROTECTED DENTAL INFORMATION AND TO PROVIDE OUR PATIENTS WITH NOTICE OF OUR LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO YOUR PROTECTED DENTAL 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. THIS NOTICE TAKES EFFECT 8/10/2015, AND WILL REMAIN IN EFFECT UNTIL WE REPLACE IT.

WE RESERVE THE RIGHT TO CHANGE OUR PRIVACY PRACTICES, PROVIDED SUCH CHANGES ARE PERMITTED BY LAW, AND THE NEW TERMS OF OUR NOTICE EFFECTIVE FOR ALL HEALTH INFORMATION THAT WE MAINTAIN, INCLUDING INFORMATION WE CREATED OR RECEIVED BEFORE WE MADE THE CHANGES. BEFORE WE MAKE A SIGNIFICANT CHANGE IN PRIVACY PRACTICES, WE WILL CHANGE THIS NOTICE AND MAKE THE NEW NOTICE AVAILABLE UPON REQUEST AND POST IT PROMINENTLY AT OUR OFFICE. YOU MAY REQUEST A COPY OF OUR NOTICE AT ANY TIME.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protection under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

**Treatment:** We may disclose your dental care information to other healthcare professionals for the purpose of treatment payment or dental care operations. (Example) On occasions, it may be necessary to seek consultation regarding your condition from other dental care providers referred by this practice.

During an office visit, the dentist and other staff involved in your care may review your dental records and discuss information with each other. We may discuss your dental information with your pharmacist or pharmacist's representative regarding medications by telephone, fax or mail.

Upon arriving at our reception desk, you will be asked your name and to review your personal information in our waiting room area, which is accessible to all patients. This office is designed as an open bay treatment area. Discussion of your treatment may occur at times in the open bay.

**Payment:** We may disclose your dental information to obtain payment for services. 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 connection with our healthcare operations. for example. healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. (Please list their name and relationship below.) Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make healthcare decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

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

**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 dental information to public health activities, including disclosures to:

- Prevent or control disease or, injury, or disability
- Report child abuse or neglect
- Report reactions to medications or problems with products or devices
- Notify a person of a recall, repair, or replacement of products or devices
- Notify a person who may have been exposed to a disease or condition; or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

**National Security:** We may disclose to military authorizes 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 a lawful custody the protected health information of an inmate or patient.

**Secretary of HHS:** We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

**Worker's Compensation:** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Law Enforcement:** We may disclose your PHI for law enforcement purposes as permitted by HIPAA<sup><</sup> as required by law, or in response to a subpoena or court order.

**Health Oversight Activities:**We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings:** If you are involved in a lawsuit or dispute, we may disclose your PHI 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, but only if efforts have been made, either by a requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

**Research:** We may disclose your PHI to researchers when their research has been 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.

**Coroners, Medical Examiners, and Funeral Directors:** We may release your PHI 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 PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

**Marketing:** I consent to the taking of photographs and radiographs before, during, and after treatment and the use of the same by the doctor in scientific papers or demonstrations and office promotion and/or social media. This practice cannot sell patient information without the patient's express written authorization, and that authorization is also required for the above marketing communications.

**Telephone/Mail, Electronic/Other Communications:** With this consent, Family Dental Associates, P.A. or our business associates may call your home, leave a message on your voicemail, and mail correspondences to your home any items that assist the practice in carrying out treatment, such as appointment reminders, financial statements, insurance items, and information pertaining to clinical care. No personal dental information will be disclosed during a message left on a voice mail, other than the date and time of your scheduled appointment with a request to call our office, within 24 hours of your scheduled appointment to avoid a charge, or if you need to cancel/reschedule your appointment.

I understand that until I tell you in writing to stop, I authorize Family Dental Associates, P.A. to transmit patient information relating to my treatment, health or payment by electronic means without encryption or special security precautions to me or someone I designate, or to other health care providers, health plans, or others involvement in my treatment, payment for my treatment, or health care operations.

**Other Uses:** Other uses and disclosures not described above will only be made with the patient's written authorization. Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except in the extent that we have already taken action in reliance on the authorization.

#### **Patient's Rights:**

**Patient's Right to Access:** You have the right to view and receive copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address 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. Contact us using the information listed at the end of this Notice for an explanation of our fee structure. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

**Disclosure Accounting:** With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures, you must submit your request in writing to the Privacy Official. 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 the additional requests.

**Right to Request a Restriction:** You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. **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 healthcare operations, and the information pertains solely to a healthcare item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.**

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. 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.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

**Breach notification:** This practice is required by law to notify affected individuals following a breach of unsecured patient information.

**Electronic Notice:** You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Website or by electronic mail (email).

#### **Questions and Complaints:**

If you want 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 if 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 locations, you may complain to us using the contact information listed at the end of this Notice. 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. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Our Privacy Official: Sheri Ralph  
Telephone: 302-674-8810 Fax: (302) 674-8941  
Address: 385 Saulsbury Road Dover, DE 19904

# Family Dental Associates, P.A.

## Receipt of Notice of Privacy Practices

I have read the Privacy Notice and understand my rights contained in this notice. By way of my signature, I provide Family Dental Associates, P.A. with my authorization and consent to use and disclose my protected dental care information for the purposes of treatment, payment, and dental care operations as described in the Privacy Notice. Other uses of patient information will not be used without patient's written permission. You may refuse to sign this acknowledgment. Patients have the right to revoke an authorization as long as the patient does so in writing. This excludes situations in which the office has already relied on the authorization to use or disclose patient information and for purposes of obtaining insurance coverage.  
(Updated 8/10/2015)

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Patient's Name (print)

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Patient's Signature or Legal Guardian if under 18

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Date

If signed by patient representative, state relationship to patient.

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### For Office use Only

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

- individual refused to sign
  - communications barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other- please specify
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