

## NOTICE OF PRIVACY PRACTICES

**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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

**DENTISTRY BY DESIGN, LLC (“DBD”)** may use your health information, that is, information that constitutes Protected Health Information (“PHI”) as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. DBD has established a policy to guard against unnecessary disclosure of your health information.

### **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED**

**To Provide Treatment.** DBD may use your health information to provide care to you and disclose your health information to others who provide care to you. For example, dentists and/or physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. DBD also may disclose your health care information to individuals outside of DBD involved in your care including family members, pharmacists, suppliers of medical and dental equipment or other health care professionals. Also, for example, your health information may be sent to a specialist for continuation of your dental treatment.

**To Obtain Payment.** DBD may include your health information in invoices to collect payment from third parties for the care you may receive from DBD. For example, DBD may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or DBD. DBD also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you. Also, for example DBD may have to send your health information to agencies for payment of balances due DBD.

**To Conduct Health Care Operations.** DBD may use and disclose health information for its own operations in order to facilitate the function of DBD and as necessary to provide quality care to all of DBD's patients. Health care operations include activities such as quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, and certification, licensing or credentialing activities. DBD may disclose your health information to another health care provider or organization that is subject to the federal privacy rules and that has a relationship with you to support some of their health care operations. DBD may disclose your information to help these organizations conduct quality assessment and improvement activities, review competence or qualifications of health care professionals, or detect or prevent health care fraud and abuse.

DBD may contact health care providers and patients with information about treatment alternatives and other related functions that do not include treatment. DBD may disclose your health information during training of non-health care professionals and training programs including those in which students, trainees or practitioners in health care learn under supervision.

DBD may disclose your health information during business management, planning, analyses formulary development, certain marketing activities, and general administrative activities. For example, DBD may use your health information to evaluate its staff performance, and/or combine your health information with other DBD patients in evaluating how to more effectively serve all of DBD's patients, and/or disclose your health information to DBD staff and contracted personnel for training purposes. Also, for example, DBD may use your general demographic patient information in patient surveys, patient questionnaires, pamphlets, brochures and/or media ads, to market dental services and treatments.

**For Appointment Reminders.** DBD may use and disclose your health information to contact you, as a reminder that you have an appointment for treatment or dental care with DBD. For example, an appointment reminder may be in the form of voicemail messages, postcards, letters, answering machines, and/or a person answering your telephone.

**To Your Family and Friends.** DBD must disclose your health information to you, as described in the Patient Rights section of this Notice. DBD may disclose your health information to a family member, friend, or another person to the extent necessary to help with your health care or with payment of your health care, but only if you agree that DBD may do so.

**To Persons Involved in Your Health Care.** DBD may use or disclose your health information to notify, or assist in the notification of 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, DBD will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the event of your incapacity or an emergency, we will disclose health information based on a determination using our professional judgment, disclosing on health information that is directly relevant to the person's involvement in your health care. For example, DBD will use their professional judgment and their experience with common practice to make reasonable assumption of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**For Treatment Alternatives.** DBD may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**When Legally Required.** DBD will disclose your health information when it is required to do so by any Federal, State or local law.

**For The Public Benefit.** DBD may use or disclose your health information as authorized by law for the following purposes deemed to be in the public interest or benefit: As required by law; For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury; To report adult abuse, neglect, or domestic violence; To health oversight agencies; In response to court and administrative orders and other lawful processes; To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on DBD premises, reporting crimes in emergencies, and for purposes if identifying or locating a suspect or other person; To coroners, medical examiners, and funeral directors; To organ procurement organizations; To avert a serious threat to health or safety; In connection with certain research activities; To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities; To correctional institutions regarding inmates; and as authorized by state worker's compensation laws.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, DBD will not disclose your health information other than with your written authorization. If you or your representative authorizes DBD to use or disclose your health information, you may revoke authorization in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.

#### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

**You have the following rights regarding health information DBD maintains on you. All requests of these "rights" must be made in writing to: Nancy, HIPAA Officer, Dentistry by Design, LLC, 4831 Larson Beach Road, McFarland, WI 53558-8735. Please note which "right(s)" you are referring to within your correspondence.**

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on DBD's disclosure of your health information to someone who is involved in your care or the payment of your care. However, DBD is not required to agree to your request.

**Right to Receive Confidential Communications.** You have the right to request that DBD communicate with you in a certain way. For example, you may ask that DBD only conduct communications pertaining to your health information with you privately, with no other family members present. DBD will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications

**Right to Inspect and Copy Your Health Information.** You have the right to inspect and copy your health information, including billing records. If you request a copy of your health information, DBD may charge a \$15.00 fee for copying and assembling costs associated with your request.

**Right to Amend Your Health Information.** You or your representative have the right to request that DBD amend your records, if you believe your health information records are incorrect or incomplete. That request may be made as long as the information is maintained by DBD. DBD may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by DBD, if the records you are requesting are not part of DBD's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of DBD, the records containing your health information are accurate and complete.

**Right to an Accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by DBD for certain purposes, including purposes authorized by law and certain research. The request should specify the time period for the accounting starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. DBD will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee of \$15.00.

**Right to a Paper Copy of this Notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously.

#### **DUTIES OF DBD**

DBD is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. DBD is required to abide by the terms of this Notice as it may be amended from time to time. DBD reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If DBD makes a material change to this Notice, DBD will provide a copy of the revised Notice to you or your appointed representative.

You or your representative have the right to express complaints to DBD and to the Secretary of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to DBD should be made in writing to: *Nancy, HIPAA Officer, Dentistry by Design, LLC, 4831 Larson Beach Road, McFarland, WI 53558-8735*. DBD encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**EFFECTIVE DATE:** This Notice is effective April 14, 2003.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT**

**Nancy, HIPAA Officer**

**Dentistry by Design, LLC.**

**4831 Larson Beach Road, McFarland, WI 53558-8735**

**Telephone Number: 608.838.9731 Fax Number: 608.838.9716**

**Email: [nancy@dentistrybydesign.ws](mailto:nancy@dentistrybydesign.ws)**