

Bush & Howard Dental Office

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.

Applicable state and federal laws require us to maintain the privacy of health information that may reveal your identity. Policies securing your identifiable health information have always been a part of this office's practice.

Federal regulation, specifically those promulgated under the health Insurance Portability & Accountability Act of 1996 (HIPAA), require some offices to give you this Notice that provides you information about privacy practices, legal duties and your rights concerning your health information.

Even though this office is not subject to the HIPAA law, we have always protected your health information and are taking voluntary steps to increase our compliance with the new Federal Standards. We will post and you may request a written copy of a revised Notice of Privacy practices from this office.

If you have any questions about our privacy practices, would like additional information or would like additional copies of this Notice, please contact the Office Privacy Officer.

Uses and Disclosure of Health Information

Consent: We will request from you a general written consent authorizing this office to use and disclose identifiable health information about you for treatment, payment, and healthcare operations. After receiving the signed consent we may use and disclose your health information for those purposes as they are defined below:
Treatment: Means using and disclosing your identifiable health information to provide for, coordinate or manage your health care and related services by one or more health care providers.

Payment: means using and disclosing your identifiable health information too obtain payment for services we provide to you, confirm coverage, billing and collection activities and utilization review.

Healthcare Operations: means using and disclosing your identifiable health information in connection with the running of our practice, including quality assessment and improvement activities, auditing functions, cost-management analysis, customer service, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

In the event this office has already obtained a consent from you for the use and disclosure of health information, we may continue to rely on that consent for the purposes specified.

Consent Unnecessary: Our office may use and disclose your health information without your prior consent if it is "de-identified", meaning that all references are removed that could be used to trace the information to a specific individual. In addition, your prior consent is not necessary to use or disclose protected health information in connection with treatment, payment, or healthcare operations in the following circumstances:

Emergency Treatment: In our professional judgment, you are in need of emergency treatment and we cannot obtain consent prior to such treatment. We will attempt to obtain

such consent, however, as soon as is practicable after the delivery of such service:

Required by law: If we are required by law to treat you and we attempt to obtain such consent but are unable to do so: or

Substantial Barriers: If we are unable to obtain your consent due to substantial barriers to communicating with you, and in our professional judgment we determine that your consent to treatment is inferred from the circumstances.

Authorization: Any use or disclosure of your health information other than for treatment, payment, or health care operations will be made only with your written authorization. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. For certain types of health information, New York State Law requires additional notification and specific authorization with limited exceptions. In those instances, we will follow the stricter New York State law requirements.

Opportunity to object: We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, or your general condition. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses of disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health Related Services: We will not use your health information for marketing communications without your written authorization.

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

Abuse or neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health

information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities 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 official having lawful custody of protected health information of inmate or patients under certain circumstances.

Appointment reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail or answering machine messages, postcards, email, or letters).

Your Rights:

Access: You have the right to inspect and obtain a copy of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you a reasonable charge for copying, not to exceed \$0.75 per page, plus postage.

Disclosure accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last six years, but not before April 14, 2003.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

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. Confidential patient records will not be amended.

Questions And Complaints:

If you have questions, or feel that your privacy protections have been violated, you have the right to file a formal written complaint with us at the address below or with the US Department of Health & Human services. We support your right to the privacy of your health information.

Office Privacy officer: Dr. Bradley Bush
(518) 295-7232
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