

# High Tide DENTAL

## **NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES**

Each time that you visit our office for your dental care, a detailed record is stored in our computerized files. This record may describe your medical history, dental diagnosis, treatments and plan for future care. We are required by law to maintain the privacy of protected health information, to provide patients with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected patients following a breach of unsecured protected health information.

### **HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION:**

**Treatment-**We may use and disclose your protected health information for your treatment. For example, we may disclose your health information to a specialist that will be providing you with treatment.

**Appointment Confirmations, Health Related Benefits and Treatment Alternatives-** Your protected health information may be used or disclosed when we remind you of an appointment that you have with us, or to inform you of treatment alternatives or health related services and benefits options.

**Payment-Billing,** collections, managing dental claims and determining eligibility and benefits may all require the release of protected health information.

**Healthcare Operations-**This includes training staff, quality assessment and licensing activities.

**Individuals Involved in Your Care or Payment of Your Care-**This would require a signed consent by yourself to allow disclosure to family/friend, or a legal document.

**Disaster Relief-** Your health information may be used in disaster relief efforts.

**Required by Law-**If required by law, we may use or disclose your health information. This includes, but is not limited to, subpoenas, court orders, discovery requests or other lawful process.

**Public Health Activities-**Your health information may be used or disclosed for public health activities including to:

- \*Prevent or control disease, 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
- \*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 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 the protected health information of an inmate or patient.

**Secretary of Health and Human Services-** 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.

**Health Oversight Activities-** Oversight Activities include audits, investigations, inspections and credentialing that are necessary for licensure and for the government to monitor the health care system

**Coroners, Medical Examiners, Funeral Directors-**We may disclose your protected health information to a coroner, medical examiner or funeral director to identify a deceased person or determine a cause of death.

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**OUR OFFICE WILL OBTAIN WRITTEN AUTHORIZATION BEFORE USING OR DISCLOSING YOUR PROTECTED HEALTH INFORMATION FOR PURPOSES OTHER THAN THOSE LISTED ABOVE. YOU MAY REVOKE AN AUTHORIZATION IN WRITING AT ANY TIME. ONCE WE RECEIVE YOUR WRITTEN REVOCATION, WE WILL STOP USING OR DISCLOSING YOUR PROTECTED HEALTH INFORMATION.**

## **YOUR HEALTH INFORMATION RIGHTS:**

**Access-** You have the right to view and get copies of your health information with limited exceptions. You must make the request in writing. If your protected health information is maintained electronically, you have the right to request that an electronic copy be sent to you.

**Disclosure Accounting-** You have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. A request must be made in writing to the office.

**Right to Request a Restriction-** You have the right to request additional restrictions on our use or disclosure of your protected health information. Your written request must include (1) what information you would like to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom the limits apply. \*\*We are not required to agree with your request except in the case where the disclosure is to a health plan for the purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you have paid our office in full.

**Alternative Communication-** You have the right to request in writing that we communicate with you about your health information by alternative means or at alternative locations. Your written request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location. Reasonable request will be accommodated. If we are unable to contact you using the ways or locations of your request than we may contact you using the information that we have.

**Amendment-** You have the right to request in writing that we amend your health information. Your request must explain why the information should be amended. We may deny your request under certain circumstances and will provide you with a written explanation of why the amendment was denied.

**Right to Notification of a Breach-** You will receive notifications of breaches of your protected health information as required by law

## **QUESTIONS AND COMPLAINTS:**

**Please let us know if you have any questions or would like more information about our privacy practices.**

**If you feel that we have violated your privacy rights or if you disagree with a decision we made about your health information you may file a complaint to the office. You may also send a written complaint to the Department of Health and Human Services.**

**We will support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services**