

Dental-History NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical/dental records and other individually identifiable medical/dental information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your medical/dental information is used. HIPAA provides penalties for covered entities that misuse personal medical/dental information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your medical/dental information and how we may use and disclose your medical/dental information.

We may use and disclose your medical/dental records only for each of the following purposes: treatment, payment, and dental operations.

- Treatment means providing, coordination, or managing dental care and related services by one or more dental care providers. An example of this would be teeth cleaning services, extractions, etc.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified medical/dental information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other dental related benefits and services that may be of interest to you.

Any other use and disclosure will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected medical/dental information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected medical/dental information, including those related to disclosures to family members, other relatives, close

personal friends , or any other persons identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

- The right to reasonable requests to receive confidential communications of protected medical/dental information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected medical/dental information.
- The right to amend your protected medical/dental information.
- The right to receive an accounting of disclosure of protected medical/dental information.
- The right to obtain and we have the obligation to provide to you a paper copy of this notice from us at your first service delivery date.
- The right to provide and we are obligated to receive a written acknowledgment that you have received a copy of our Notice of Privacy Practices.

We are required by law to maintain the privacy of your protected medical/dental information and to provide you with notice of our legal duties and privacy practices with respect to protected medical/dental information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms to our Notice of Privacy Practices and to make the new notice provisions effective for all protected medical/dental information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you 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 Department of Health & Human Services, Office of Civil Rights about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Szabo Family Dentistry
2424 E. 5th Street
Mishawaka, IN 46544
574-259-1464

For more information about HIPAA or to file a complaint:

The US Department of Health & Human Services
Office of Civil Rights
200 Independence Ave, S.W.
Washington, DC 20201
Toll Free: 1-877-696-6775