

THIS DOCUMENT IS REQUIRED BY FEDERAL LAW

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Notice Of Privacy Practices

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

Our office is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. This Notice describes how we may use or disclose your "protected health information" for various purposes. It also describes your rights to access and control your protected health information.

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 of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. Upon your written request, we will provide you with any revised Notice of Privacy Practices.

This notice becomes effective on April 1, 2003.

Uses and Disclosures of Protected Health information for Treatment, Payment and Health Care Operations

Your protective health information may be used and disclosed by your dentist and our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care serves to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of this practice.

Following are examples of the types of uses and disclosures of your protected health care information that the practice is permitted to make. These examples are not meant to be exhaustive.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example a home health agency that provides care to you or physicians who may be treating you. Finally we may use and disclose protected health information for the treatment activities of another health care entity or provider.

Payment: We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, and insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of this practice. **For example, you will receive estimates at the reception desk and the staff will clarify any estimates or treatment options at the reception desk. You have the right to request that any questions you have be answered in a private office with notification prior to receiving your estimate at the reception desk.** Another example, we may use a sign-in sheet at the registration desk. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. In addition, we may use or disclose your protected health information to another entity in order for that entity to conduct specific health care operations, which include quality assessment activities and reviewing the competence of health care professionals.

We will share your protected health information with third party “business associates” that perform various activities (e.g., billing, and accounting services) for the practice. We will have a written contract that contains terms that will protect the privacy of your protected health information with business associates. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke such an authorization, in writing, except to the extent that your physician or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

#### **Uses and Disclosures That May Be Made Unless You Object**

We may also use and disclose your protected health information in the following instances. IN these instances, you have the opportunity to agree or object to the use of all or part of your protected health information. If you are not present or able to agree or object to the use of disclosure of the protected health information, then your physician may, using professional judgement, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for *your care of your location, general condition or death*.

Disaster Relief: We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individual involved in your health care.

#### **Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

Required By Law: The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, as authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. In addition, we may disclose your protected health information to public officials who are authorized by law to receive reports of abuse, neglect or domestic violence. Also, we may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required. Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Health Oversight Activities: We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identifiable purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the privacy standards applicable to your protected health information.

### **Your Rights Regarding Your Protected Health Information**

You may exercise these rights by presenting a written request to our privacy officer.

1. You have the right to inspect and copy your protected health information for as long as we maintain the protected health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be review able. In some circumstances, you may have a right to have this decision reviewed.
2. You have the right to request a restriction of your protected health information. you may also request that any part of your protected health information not be disclosed to family members or friends who maybe involved in your care or for notification purposes as described n this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your dentist is not required to agree to a restriction that you may request. If your dentist does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. you may request a restriction by submitting it our privacy officer in writing.
3. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests.
4. You may have the right to have your dentist amend your protected health information for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
5. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment,

payment or healthcare operations as described in this Notice of Privacy Practices, as well as disclosures made pursuant to your authorization. It also excludes disclosures we may have made to you to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003

6. You have the right to obtain a paper copy of this notice from us, upon request.

#### Making a Complaint

You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.