



1208 Springdale Drive ~ Clinton, South Carolina, 29325

## NOTICE OF PRIVACY PRACTICES

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

We are required by law to maintain the privacy of your protected dental health record, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect to protect your dental record that has been established with our practice. This Notice takes effect 02/01/2017, and will remain in effect until we update or replace it. Updated Notices will be document dated.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

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### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your dental health record for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of dental records.

**Treatment.** We may use and disclose your dental record for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.



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**Payment.** We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

**Healthcare Operations.** We may use and disclose your dental health record information in connection with our healthcare operations. Our practice healthcare operations include quality assessment and improvement activities, conducting training programs, medical history, referral services and appointment scheduling/confirmation using our dental software, and licensing activities. Our practice uses encryption email, protected cover sheets when faxing, and protect our computer systems using *CompuCarolina* services.

**Individuals Involved in Your Care or Payment for Your Care.** We may disclose your dental health record information to another family member or any other individual when identified by you as a patient representative. When a patient representative is involved in your care or in the payment for your care, you will need to sign our practice release form for this to be established. If a person has the authority by law to make health care decisions and payment/account decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information. In addition, the patient and the patient representative must sign an authorization form determined by federal law. Our practice initiates this process in our new patient paperwork, which you do not have to sign. If you choose to opt out of a signed patient representative form, or make changes to this form, a request must be completed in writing to the Privacy Official located on the last page of this notice.

**Disaster Relief.** We may use or disclose your health information to assist in disaster relief efforts.

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

**Public Health Activities.** We may disclose your health information for public health activities, including disclosures 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; or
- ❖ Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.



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**National Security.** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to federal officials that are authorized to 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 HHS.** 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.

**Worker's Compensation.** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Law Enforcement.** We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

**Health Oversight Activities.** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

**Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, Medical Examiners, and Funeral Directors.** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties. Our practice will follow the guidelines established by the *Department of Health and Human Services* for release of health information which in the best interest of an incapacitated or unconscious patient to help prevent or lessen a serious and imminent threat to a patient's health or safety.



## NOTICE OF PRIVACY PRACTICES

**Social Media/Fundraising.** Our practice may contact you with information about sponsored activities that we are involved with as permitted by applicable law. Our practice utilizes social media in the form of Facebook, Instagram, and our practice official website. A Social Media consent form must be signed before any patient information is shared on our social media platforms. You may also choose to opt out of these communications by signing this Social Media consent form.

### **Other Uses and Disclosures of PHI**

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

### **YOUR HEALTH INFORMATION RIGHTS**

**Access.** You have the right to look at or get copies of your dental record, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. For the most part, you will be able to review or have a copy of your dental record within 30 days of asking us (or sixty days if the information is stored off-site). We will charge you a reasonable fee for copies after the initial request. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

**Disclosure Accounting.** With the exception of certain disclosures, you have the right to receive an account of disclosures of your dental record in accordance with applicable laws and regulations. To request an account of disclosures of your dental record information, you must submit your request in writing to the Privacy Official. If this request is made by patient representative, a release form must be signed stating the patient representative information and details in accordance with our practice release policy.



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**Right to Request a Restriction.** You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

**Alternative Communication.** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have on file.

**Amendment.** You have the right to request that we amend your dental record. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

**Right to Notification of a Breach.** You will receive notifications of breaches of your unsecured protected health information within 60 calendar days, as required by law.

**Electronic Notice.** You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (e-mail).



## NOTICE OF PRIVACY PRACTICES

### Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your dental record or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may contact us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We 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 with the U.S. Department of Health and Human Services.

### Contact Information

#### Clinton Dental Care

**C/o Security and Privacy Officer(s)**

1208 Springdale Drive

Clinton, SC 29325

864.833.5400 (office)

864.833.5417 (fax)