

NOTICE OF PRIVACY PRACTICES

Effective Date: May 1, 2008

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

Who Will Follow This Notice?

St. Mary Dental and its affiliates (“We”) will follow the terms of this Notice and will only use or disclose your health information as described in this Notice. The terms “use” and “disclosure” will be referenced frequently throughout this Notice. As you read this Notice, understand that “use” applies only to activities within our entity and “disclosure” applies to activities such as releasing, transferring, or providing access to information about you to other parties outside our entity.

I. Your Health Information

We know that health information about you is personal and we are committed to protecting the privacy of your information. As a patient, the care and treatment you receive is recorded in a health record. So that we can best meet your health care needs, we may share your record with the health care providers involved in your care for treatment and payment purposes.

For any reason besides treatment and payment, we can not share your information without your written permission unless the law specifically permits or requires that we do so. For example, in most circumstances, laws pertaining to mental health and substance abuse related services require that we obtain your written permission.

II. Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the following rights regarding health information we maintain about you:

Rights of Access to Inspect and Copy

- You have the right to inspect and obtain a copy of information in your health and billing record with the exception of items limited and/or prohibited by law. You must submit your request in writing to St. Mary Dental. If you request a copy of your health information, a fee for the costs of copying may apply.
- Mental health and substance abuse records:
A provider can lawfully deny access to the patient of the patient’s mental health records/substance abuse records when the provider determines that there is a substantial risk of harm to the patient in seeing or receiving a copy. A provider may choose to furnish summary reports in lieu of permitting inspection or providing copies of the record.
- Right to Request an Amendment to Your Record
 - You have the right to request an amendment to your record if you feel that health information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by St. Mary Dental. To request an amendment, you must submit in writing your request to St. Mary Dental and you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by us or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health record, then we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to Request Restrictions

- You have the right to request a restriction on certain uses and disclosures of your information for treatment, payment or health care operations. For example, you might request that we not share information with your insurance company about a procedure performed. You must submit your request for this type of restriction in writing. However, we are not required to agree to or comply with your request.
- You have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, while a patient you can request we not discuss your course of treatment with a particular family member in attendance. If we do agree we will comply with your request unless the information is needed to provide you emergency treatment or as is otherwise required by law. You can speak directly with your healthcare provider concerning your requests for these types of restrictions. Your healthcare provider may require that you submit your request in writing.

Right to Confidential Communications

- You have the right to request communications of your health information by alternative means. We will accommodate reasonable requests. You must submit your written request for confidential communications directly to your healthcare provider.

Right to Notice

- You have the right to adequate notice of how we use and disclose your health information. The Notice must also advise you of your rights and our legal duties with respect to your health information. You have the right to receive a paper copy of the Notice upon request. A copy of the Notice currently in effect will be available through your healthcare provider.

III. How We May Use and Disclose Health Information about You

We can only disclose information in your record 1) with your permission or 2) if federal, state or local law tells us that we can or must disclose information in your record. We can or must disclose information in your record for the purposes listed in this section. When a federal, state or local law tells us that we can or must disclose information in your record, in certain cases, we will list these disclosures in a report if requested.

1) We May Use or Disclose Your Health Information for Treatment.

For example: We may use or disclose health information about you to doctors, nurses, technicians, students, or other dental or medical personnel who are involved in taking care of you. Information obtained by a dental assistant, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the member of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. That way the physician will know how you are responding to the treatment.

We may also provide your treating physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

2) We May Use or Disclose Your Health Information for Payment.

For example: We may use or disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about a surgical procedure you had so your health plan will pay us or reimburse you for the surgery. We may also inform 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.

3) We May Use or Disclose Your Health Information for Health Care Operations.

For example: Members of the staff may use your information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. We may also use or disclose information to doctors, dental staff auxiliaries, technicians, students and other hospital personnel for review and learning purposes and as necessary to conduct our business operations, to administer the policies and processes of our health staff and to comply with the laws that govern healthcare. Other examples of how we may use or disclose your health information for healthcare operations include using or disclosing information for compliance and audit activities, customer service initiatives and the coordination or provision of spiritual care services.

4) We May Use or Disclose Your Health Information for Purposes Other Than Treatment, Payment and Health Care Operations.

Notification

We may use or disclose information regarding your location and general condition to notify or assist in notifying a family member, personal representative, or another person responsible for your care.

Communication with Family

Health professionals, using their best judgment, may disclose to a family member, other relatives, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Disaster Relief Purposes

In the event of a disaster we may use information or disclose information to an authorized private or public entity to the extent that it is necessary to respond to the emergency situation.

Funeral Directors

Consistent with applicable law, we may use or disclose health information to funeral directors to carry out their duties.

Appointment Reminders

We may use or disclose health information to contact you as a reminder that you have an appointment for treatment or healthcare.

Health-Related Products and Services

We may use and disclose health information to tell you about our health-related products or services that may be of interest to you.

Medical Staff Administration

St. Mary Dental Staff is responsible for insuring appropriate conduct of physicians and other licensed health professionals in the provisions of patient care and safety within our facility. It is sometimes necessary for St. Mary Dental staff and committees to conduct an internal review of patient records to insure quality care by the professionals privileged to practice in our facility.

Food and Drug Administration (FDA)

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws in relation to workers compensation or other similar programs established by law.

Public Health

As required by law, we may disclose your health information to public health or legal authorities for activities that include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report abuse or neglect of children, elders and dependent adults.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized by law. Health oversight agencies include the Department of Health Services (DHS) and the Department of Health and Human Services (HHS). Oversight activities include, for example, audits, investigations, inspections and licensure.

Law Enforcement

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Lawsuits and Disputes

If you are involved in a lawsuit or dispute we may disclose health information about you 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 by someone else involved in the dispute, but only if efforts have been made to tell you about the request by that person, which would give you an opportunity to obtain an order protecting the information requested.

As Required by Law

We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Other Uses of Health Information

Business Associates

There are some services provided in our entity through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. To protect your health information however, we require the business associate to appropriately safeguard your information.

Other Uses and Disclosures

Other uses and disclosure of health information not covered by this notice or the laws that apply to us will be made only with your written permission. Disclosures made with your written permission will not be included on the Accounting of Disclosures as you will already have record of those. If you provide us with permission to use or disclose health information about you, you may revoke that permission in writing at any time. If you revoke your permission this will stop any further use or disclosure of your health information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided for you.

IV. Our Responsibilities

St. Mary Dental is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.

V. Other Important Information

Changes to this Notice

We reserve the right to change the terms of this notice to make the new provisions effective for health information we maintain. We will post a copy of the current notice at our facility and our website. This notice will contain on the first page, in the top right-hand corner, the effective date.

For More Information or to Report a Problem

If you believe your privacy rights have been violated, you may file a complaint by contacting St. Mary Dental and submitting your claim in writing. **You will not be penalized for filing a complaint.**

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. St. Mary Dental can provide you with the address and phone number upon request.

Contact Information

You may submit all written requests to:

St. Mary Dental
Attn: Office Manager
217 West San Bernardino Road
Covina California 91723

Please allow 7-10 business after mailing for correspondence.