

Dr. John W. Vitz, DDS Office Policy on Privacy

Protecting our patients' privacy is important to this practice. We also wish to make every effort to comply with the state and federal privacy laws.

RULES:

1. We are responsible for keeping our patients' Protected Health Information (PHI) confidential. PHI includes all medical records and health information of an individual. PHI is found in many forms: paper, electronic, oral and includes our computer files, paper files, computer disks, insurance statements, prescription forms, lab reports, correspondence from other doctors, patient forms, email, explanation of insurance benefits notices, treatment authorizations, collection documents, conversations between doctors and staff, faxes regarding patients and so on.
2. Our practice has a Privacy Officer who makes sure we comply with the privacy laws. See her for any questions regarding patient information privacy. Send all information, questions and paperwork related to this policy to the Privacy Officer including patient forms, complaints, requests for file changes, questions, violation reports, contracts and requests for access to PHI.
3. All staff, including doctors, part time staff and other workers who work here must be trained in the HIPAA (Health Insurance Portability and Accountability Act) Privacy Rule. Reading this policy is part of that training. You will be asked to sign a form stating you have read and understand your role in maintaining our patients' privacy.
4. All current patients and all future new patients will be given a copy of "Notice of Privacy Practices" that explains their right according to the HIPAA Privacy Rule. We ask each patient to sign the notice indicating that he or she received the notice and we keep the form on file. Each patient may have a copy of the notice. This Privacy Notice is attached. Please read it to ensure you understand and will support our patients' rights.
5. PHI is available to those in the practice who need it to do their jobs. The Privacy Rule does not restrict its use in treatment, payment or routine healthcare operations. For example, when we refer a patient to another doctor, the doctor can have as much access to PHI as he or she needs or wants. However, if you or others do not need access to PHI to do your job, your access is restricted.
6. When we release PHI to non-healthcare people, we will only release the PHI that is needed for their purpose and only after the Privacy Officer and doctor approve the release. For example, if a patient wants a copy of the last 5 billing statements, that is all we provide. We do not provide a copy of the entire file unless it is specifically requested; however, state and federal laws require the doctor to use professional judgment in giving PHI to patients (e.g., information that may harm the patient or someone else).

7. We do not allow anyone outside the practice to use our patient lists or information for marketing purposes.
8. Outside firms and workers, who do not work here, may have access to PHI if they sign a Business Associate Contract. For example, a software technician or a laboratory technician may look at PHI as long as he or she has signed the Contract.
9. Do your part to keep PHI private and secure. For example, follow all procedures for security and privacy that the Privacy Officer gives you. If you discuss cases outside the office, do not include anything that can identify the person, such as the individual's name.
10. Any violation of the Privacy Rule, the state privacy laws or this policy must be corrected. All violators will have reports of the violation filed in their personnel files. Repeat violations may result in suspension or termination..
11. If you see or know of a violation of this policy or the privacy laws, please report it to the Privacy Officer, preferably in writing. By law, you cannot be punished for reporting a violation.
12. This practice can be fined and violators can be jailed for violation of privacy laws.

EMPLOYEE ACKNOWLEDGEMENT:

I, _____, have read and understand the office policy on privacy. I will comply with and help enforce each part of this policy.

Signed _____ Date _____

Dr John W. Vitz' Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

We have always kept your PHI (Personal Health Information) secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

The law permits us to disclose your PHI to those involved in your treatment. For example, a specialist doctor may have access to your PHI if he or she is involved in your care.

We may use or disclose your PHI to obtain payment for services provided to you. For example, we may send a report of your progress to your insurance company.

We may use your PHI for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

We may share your PHI with our business associates, such as a dental lab. We have a written contract with each of our business associates that requires them to protect your privacy..

We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not at home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your PHI to a family member or another person responsible for your care.

We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your PHI without your prior written authorization.

You may request in writing that we do not use or disclose your PHI as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

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As we will need to contact you from time to time, we will use whatever address or phone number you prefer.

You have the right to transfer your PHI to another practice. We will mail your files for you.

You have a right to see and receive a copy of your PHI, with a few exceptions. Give us a written request regarding the information you want to see. If you want a copy of your record, we may charge a reasonable fee for the copies.

You have a right to request an amendment or change to your health information. Please submit these requests in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but we will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but we will add the new information.

You have a right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Privacy Officer, Lynda Leavitt, at (925) 934-2350.

This notice goes into effect as of April 14, 2003.

ACKNOWLEDGEMENT:

I have received a copy of Dr. John W. Vitz' Notice of Privacy Practices and I have read and understood it.

Signed _____ Date _____

Print Name _____

If signing as a parent or guardian, the patient's name is _____