

**This notice is for your information, no response is required**

## **HIPPA Notice of Privacy Practices**

Robert Y. Takano, DDS, PC  
Effective Date: April 14, 2003

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

*This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.*

### **HOW THIS DENTAL PRACTICE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION**

1. **Treatment.** We will use your medical information to treat you. For example, we may disclose your medical information to other doctors, nurses, technicians, dental students, or other members of our staff who are involved in taking care of you or to other care professionals for additional treatment or follow up care such as a specialist or physician. We also may disclose your medical information to people outside our dental practice that may be involved in your care such as your family members.
2. **Payment.** We may use and disclose your medical information to receive payment for our services from you, and insurance company or a third party. For example, we may need to give your health plan information about a procedure we perform at our office so your health plan will pay us or reimburse you for the procedure. 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.
3. **Health Care Operations.** We may use and disclose your medical information to operate this dental practice. For example, we may use this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also share your dental/medical information with our business associates, such as a billing service, that perform administrative services for us. We have a written contract with each business associate that contains terms requiring them to protect the confidentiality of your medical information. In addition, we may use and disclose your medical information to remind you about appointments. If time allows, we will mail a postcard reminder. Otherwise, we may phone your home. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone. When you arrive at our office, we may also call out your name when the doctor is ready to see you.
4. **Notification and Communication with Family.** We may disclose your medical information to notify or assist notifying a family member, or another person who is involved in your care unless you ask us not to. In the event of a disaster, we may disclose information to a relief organization, such as the Red Cross, so that they may coordinate these notification efforts. We may also disclose information to someone who pays for your care. If you are unable to agree or object to these disclosures, our health professionals will use their best judgment in communicating with your family and others.
5. **Disclosure without your authorization.** We may use and disclose your medical information when Required to do so By Law, Legal Proceedings by court or administrative order, Public Health and Safety issues as required by law, Military or National Security purposes, Health Oversight Activities, Coroners/Funeral Directors, Organ or Tissue Donation, Workers' compensation, Law Enforcement, Research.
6. **Products or Services Information.** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services

that may be of interest to you. We will not use or disclose your medical information for these purposes without your written authorization.

7. **Change of Ownership.** In the event that this dental practice is sold or merged with another organization, your dental/medical information will become the property of the new owner who will have access to it, although you will maintain the right to request that copies of your dental/medical information be transferred to another dentist or dental practice.
8. **Other Permitted and Required Uses and Disclosures.** We may disclose your medical information for purposes not described in this Notice or otherwise permitted by law only with your written authorization. You may revoke an authorization at any time, in writing, but only as to future uses or disclosures, and only where we have not already acted in reliance on your authorization.

## **YOUR MEDICAL INFORMATION RIGHTS**

You have the right:

- To receive a paper copy of this *Notice of Privacy Practices*.
- To request restrictions on certain uses and disclosures of your medical information by written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision. If we agree to a restriction, we may disregard it if the information is needed to provide you emergency treatment.
- To request that you receive medical information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted.
- To review and obtain a copy of your medical information, with limited exceptions defined by law. A reasonable fee may be charged for making copies. Under Oklahoma law, a fee of \$0.25 per page is allowed. If you request a copy of a film, you will be charged the actual cost of reproduction. We may also charge for postage if the copies are to be mailed. If we deny your request for copies, you will be informed of your rights to appeal our decision.
- To request that we amend your medical information that you believe is incorrect or incomplete. Your request to amend must be in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your medical information and will provide you with information about this practice's denial and how you can disagree with the denial. Even if we accept your request, we may not delete any information already in your medical record.
- To receive an accounting of disclosures made of your medical information by this dental practice unless the disclosures were for purposes of treatment, payment, health care operations, certain government functions, or pursuant to your written authorization.

**Contact:** If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact the Privacy Officer.

**Changes to this Notice:** We reserve the right to change or amend this *Notice of Privacy Practices* at any time in the future. A copy of any revised *Notice of Privacy Practices* will be made available to you at your appointment.

**Complaints:** Complaints about this *Notice of Privacy Practices* or how this dental practice handles your medical information should be directed to our Privacy Officer, Robert Y. Takano, D.D.S., P.C., 801 24<sup>th</sup> Ave NW, Suite A., Norman, OK 73069. There will be no retaliation for filing a complaint. You may also submit a complaint to:

The Department of Health and Human Services  
Office of Civil Rights  
Herbert H. Humphrey Building, Room 509 F  
200 Independence Avenue, SW  
Washington, D.C. 20201