



*Protecting Your  
Confidential  
Health Information is  
Important to Us*  
*Notice of Privacy Practices*

Dear Patient:

It is our desire to communicate to you that we are following the Federal HIPAA (*Health Insurance Portability and Accountability Act*) laws. The HIPAA laws were written to protect the confidentiality of your health information. The HIPAA laws came about due to the rapid evolution of computer technology and its use in healthcare.

We want you to know that we will make sure your health information will not be shared with anyone who does not require it. We will only share health information for the purposes of providing you treatment, obtaining payment, and to conduct health care operations.

#### **TO PROVIDE TREATMENT**

We will use your Health Information within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination between hygienist, dental assistant, dentist, and business office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories, pharmacies or other health care personnel providing you treatment.



#### **TO OBTAIN PAYMENT**

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.



#### **TO CONDUCT HEALTH CARE OPERATIONS**

Your health information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, health information may be included in training programs for students, interns, associates, and business and clinical employees. It is also possible that health information may be reviewed during the routine processes of certification, licensing or credentialing.



#### **PATIENT REMINDERS**

Because we believe regular care is very important to your oral and general health, we will remind you of a scheduled appointment or that it is time for you to schedule an appointment. We may also contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family.

Communications include postcards, folding cards, letters, telephone reminders, and email (unless you tell us that you do not want to receive these reminders).



#### **ABUSE or NEGLECT**

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.



#### **PUBLIC HEALTH and NATIONAL SECURITY**

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or to national security. Health information could be important when the government believes that the public safety could benefit, when the information could lead to the control or prevention of an epidemic, or the understanding of new side effects of a drug treatment or medical device.

## **FAMILY, FRIENDS and CAREGIVERS**

We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our best judgment when sharing your health information only when it will be important to those participating in providing your care.



## **AUTHORIZATION to USE or DISCLOSE HEALTH INFORMATION**

Other than stated above or where Federal, State or Local Law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

## **PATIENT RIGHTS**

You have the following rights related to your health information:

### **RESTRICTIONS**

You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

### **CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health

information privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

### **INSPECT and COPY YOUR HEALTH INFORMATION**

You have the right to read, review, and copy your health information, including your complete chart, digital radiographs (xrays) and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

### **AMEND YOUR HEALTH INFORMATION**

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please put your request in writing and describe your reason for the change.

Your request may be denied if the health information record in question was not created by our office is not part of our records or if the records containing your health information are determined to be accurate and complete.

### **DOCUMENTATION of HEALTH INFORMATION**

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than treatment, payment or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 (when HIPAA was enacted) and forward. Please let us know in writing the time period for which you are interested. We may need to charge you a reasonable fee for your request.

### **REQUEST a PAPER COPY of this NOTICE**

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. We can give you a copy at your visit, you may call and we will mail you a copy or you can go to [www.conwayoralhealthcare.com](http://www.conwayoralhealthcare.com) and print or view anytime.

We are required by law to maintain the privacy of your health information and provide to you and your representative this Notice of

Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your health information. Please let us know your concerns or complaints in writing.

### **PATIENT ACKNOWLEDGMENT**

Thank you for taking the time to review how we are carefully using your health information. If you have any questions we want to hear from you.

