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NOTICE OF PRIVACY PRACTICES

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. "Protected health information" (PHI) includes any identifiable information that relates to you, your physical health, the health care you have received, or payment for your health care. Please review it carefully. The privacy of your health information is important to us. As required by law, this notice provides you with information about our privacy practices, our legal duties, and your rights concerning your PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this notice at any time and to make the revised notice effective for all PHI we maintain, provided such changes are permitted by applicable law. Upon your request, a revised copy of the terms of this notice will be provided.

Uses and Disclosures of health information

We use and disclose health information about you for treatment, payment and healthcare operations. Treatment: We may use or disclose your health information to a dentist, physician or other healthcare provider providing treatment to you.

Payment: We may use or disclose your PHI to obtain payment for services we provide to you. We may also disclose your PHI to another healthcare provider entity that is subject to the federal privacy rules for its payment activities.

Healthcare Operations: We may disclose your PHI in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. We may disclose your PHI to organizations subject to federal privacy rules to assist them in conducting quality assessment and improvement activities, competence and qualifications or to detect and/or prevent healthcare fraud and abuse.

Prior Written Authorization: We will use and disclose PHI as authorized in writing as it may be directly relevant to the authorized involvement of a family member, other relative, a close personal friend, or someone identified by the patient. The authorized involvement may be relative to the patient's general condition, treatment, payment for services, location, or death. The involvement may be further expanded without the patient's authorization in related cases of emergency where the practice must exercise professional judgment to evaluate whether the use and disclosure of PHI is in the patient's best interest. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice. Any authorization given to us may be revoked by written request at any time.

Appointment Reminders:

We may use or disclose your PHI to provide you with appointment reminders (such as voice mail messages, postcards, or letters).

Marketing: We will not use or disclose your PHI for marketing communications without your prior written authorization.

Unauthorized Required or Permitted Uses and Disclosures

Required by Law: We may use or disclose your PHI to the extent that is required by law.

Public Benefit: We may use or disclose your PHI as authorized by law for the following purposes deemed to be in the public interest or benefit.

- For public health activities, including disease and vital statistic reporting for audits, investigations, and inspections. Oversight agencies seeking this information include those that oversee the health care system, government benefit and regulatory programs;

- To report child or adult abuse, neglect, or domestic violence;
- In response to court order, subpoena, warrant, summons or other lawful proceedings;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- For law enforcement purposes concerning suspicious deaths, crime victims, crimes on our premises, or to report a crime in an emergency situation;
- To coroners, medical examiners or funeral directors for identification purposes;
- For certain board approved research with established privacy protocols;
- To provide assistance with disaster relief efforts;
- To military and federal officials for lawful intelligence and other national security activities
- To correctional facilities or law enforcement for care or safety of inmates;
- As required by state workers compensation laws.

Patient Rights

Access: You have the right to look at or get copies of your PHI with limited exceptions. You may request that we provide copies in a format other than photocopies, which we will use unless we cannot practically do so. All requests must be made in writing. We may charge you a reasonable cost-based fee for copies, labor and postage. If you prefer, we will prepare a summary or an explanation of your PHI for a fee. Please contact our office for more information about fees.

Disclosure Accounting: You have the right to receive a list of instances in which our business or associates disclosed your PHI over the last 6 years for purposes other than treatment, payment, or health care operations.

Restriction: You have the right to request additional restrictions on our use or disclosure of your PHI. We are not required to agree, but if we do, we will abide by our agreement except in an emergency.

Alternative Communication: You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. You must make your request in writing, specifying the alternative means and provide an explanation of how payments will be handled.

Amendment: You have the right to request that we amend your PHI it must be in writing and explain why the information should be amended. We may deny your request under certain circumstances.

Questions and Complaints

If you want more information about our privacy practices or have any questions or concerns, please contact our office. If you believe your privacy rights have been violated or unduly denied, you may complain by contacting Dr. Harley J. Williams at (925) 371-0300 or at our above address. You also may submit a written complaint to the U.S. Dept. of Health and Human Services, we will provide you with the address upon your request. We support your right to the privacy of your health information. We are entitled to defend ourselves in the event a complaint is filed with the U.S. Department of Health and Human Services.