



NOTICE OF PRIVACY PRACTICES

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

The privacy of your health information is important to us. We are required by law to maintain the privacy of your health information and to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information.

TREATMENT AND DISCLOSURES OF YOUR HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose your health information to a dental specialist, a physician or other healthcare provider treating you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information 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.

Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use or disclose your health information to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may also disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your health care, but only if you agree that we may do so.

Personal Representatives: We may use or disclose your health information to notify, or assist in the notification of a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure, we will provide you with an opportunity to object. In the event of your incapacity or emergency circumstances, we will disclose your health information based on our professional judgment, sharing only information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and experience to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, postcards, e-mails or letters.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to a correction institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

PATIENT RIGHTS

Access: You have the right to view or obtain copies of your health information. To obtain access to your health information, you must submit a request in writing. You may obtain a form to request access from our office. We will charge you a reasonable cost-based fee for expenses such as copies, postage and staff time. You may also request access by sending us a letter to the address at the end of this Notice. Contact our privacy officer for more information.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional request.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, 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 health information by alternative means or to alternative locations. Your request must be in writing and specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

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

Electronic Notice: If you receive this Notice on our Web site or by e-mail, you are entitled to receive this Notice in written form.

COMPLAINTS

If you are concerned that we may have violated your privacy rights, you may file a written complaint with our office and with the U.S. Department of Health and Human Services using the contact information listed at the end of this Notice.

We support your right to the privacy of your health information and patients may file a complaint without fear of discrimination or penalty

OUR RESPONSIBILITY

We must follow the privacy practices that are described in this Notice. This Notice takes effect April 14, 2003 and will remain in effect until we replace it

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice, which will be available upon request.

For more information about our privacy practices, please contact us.

Contact Officer: Joanne Walberg
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