

# LAKE COUNTRY DENTAL CARE NOTICE OF PRIVACY PRACTICES

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

Lake Country Dental Care is required, by law, to maintain the privacy and confidentiality of your protected health information (PHI) and to provide our patients with notice of our legal duties and privacy practices with respect to your PHI.

## **Disclosure of Your Health Care Information**

### **Treatment**

- We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. On occasion, it may be necessary to seek consultation regarding your condition from other healthcare providers associated with Lake Country Dental Care. In addition, it is our policy to provide a substitute health care provider, authorized by Lake Country Dental Care to provide assessment and/or treatment to our patients, without advanced notice, in the event Dr. Lefkove is absent due to vacation, sickness, or other emergency situation.

### **Payment**

- We may disclose your health information to your insurance provider for the purpose of payment or health care operations. As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Lake Country Dental Care for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.

### **Workers' Compensation**

- We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

### **Emergencies**

- We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

### **Public Health**

- As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

### **Judicial and Administrative Proceedings**

- We may disclose your health information in the course of any administrative or judicial proceeding.

### **Law Enforcement**

- We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

### **Deceased Persons**

- We may disclose your health information to coroners or medical examiners.

### **Organ Donation**

- We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

### **Research**

- We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

### **Public Safety**

- It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

### **Specialized Government Agencies**

- We may disclose your health information for military, national security, prisoner and government benefits purposes.

### **Marketing**

- We may contact you for marketing purposes or fundraising purposes, as described below:
  1. As a courtesy to our patients, we may call you, at home or at an alternate telephone number you provided to us, prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.
  2. It is our practice to send the following personal correspondence to you as appropriate: welcome card, referral thank-you card, birthday card, get well card, sympathy card, as well as general monthly/quarterly newsletters, quarterly health check reminder cards, and/or other general healthcare informational notices that we think may be of interest to our patient base in

general. It is not our policy to disclose any personal health information about your condition for the purpose of Lake Country Dental Care sponsored communications.

**Change of Ownership**

- In the event that Lake Country Dental Care is sold or merged with another organization, your health information/record will become the property of the new owner.

**Your Health Information Rights:**

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Lake Country Dental Care is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Lake Country Dental Care amend your PHI. Please be advised, however, that Lake Country Dental Care is not required to agree to amend your PHI. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your PHI made by Lake Country Dental Care.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

**Changes to this Notice of Privacy Practices**

Lake Country Dental Care reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Lake Country Dental Care is required by law to comply with this Notice.

Lake Country Dental Care is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Dr. Michael D. Lefkove by calling this office at 770-923-5500. If Dr. Lefkove is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

**Complaints**

Complaints about your Privacy rights, or how Lake Country Dental Care has handled your health information should be directed to Dr. Michael D. Lefkove by calling this office at 770-923-5500. If Dr. Lefkove is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

This notice is effective as of \_\_\_\_/\_\_\_\_/\_\_\_\_

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Lake Country Dental Care with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Facility Signature

\_\_\_\_\_  
Date