

# 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.

## **Our legal duty**

We are required by federal/state law to maintain the privacy of your protected health information (PHI). We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your PHI. This notice takes effect 9-23-2013 and will remain in effect until we replace it. We reserve the right to change our privacy practices at any time, when permitted by law. You may request a copy of our notice at any time.

## **Uses and disclosures of HI**

**Treatment:** We may use/disclose your PHI to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use/disclose your PHI to obtain payment for services we provide to you.

**Healthcare Operations:** We may use/disclose your PHI in connection with our healthcare operations (quality assessment and improvement activities; reviewing competence/qualifications of healthcare professionals; evaluating practitioner/provider performance; conducting training programs, accreditation, certification, licensing). In the event that you pay in full for a service out of pocket, you have the right to request that we not disclose treatment information for this service to a health plan.

**Your Authorization:** You may give us written authorization to use or disclose your PHI to anyone, including family and friends, for any purpose. You may revoke this authorization at any time.

**Persons involved in care:** We may use/disclose your PHI to notify, or assist in 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/disclosure of your PHI, we will provide you with an opportunity to object to such uses/disclosures. In the event of your incapacity or emergency circumstances, we will disclose PHI based on a determination using our professional judgment, disclosing only PHI directly relevant to the situation. We will also use our professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or similar forms of PHI.

**Marketing health-related services:** We will not use your PHI for fundraising or marketing communications without your written authorization.

**Required by law:** We may use/disclose your PHI when required to do so by law.

**Abuse or neglect:** We may use/disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your PHI 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 PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of PHI of inmate or patient under certain circumstances.

Appointment reminders: We may use/disclose your PHI to provide you with appointment reminders.

**Breach Notification:** We are required to notify you of a breach of unsecured PHI.

### **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, such as an electronic copy. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this notice. We may charge a reasonable cost-based fee for expenses such as copies and staff time (\$.75 for each page and \$5.00 per hour for staff time) and postage.

Disclosure accounting: You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee.

Restriction: You have the right to request that we place additional restrictions on our use/disclosure of your PHI. 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 PHI by alternative means or to alternative locations. Request must be made in writing. Your request must 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 PHI. Request must be made in writing and 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 email, you are entitled to receive this notice in written form.

### **Questions and Complaints**

Any questions or complaints about the use of your PHI may be directed to Dr. Horton @ 828-327-6791 or [traceyhortondds.com](http://traceyhortondds.com). You may also submit a written complaint to the US Dept. of Health and Human Services.