

# NOTICE OF PRIVACY PRACTICES

Arlington Family Dentistry

**This Notice describes how health information about you and your dependents may be used and disclosed, and how you can get access to this information. Specifically, this notice describes the policies and procedures of Arlington Family Dentistry with respect to protecting the confidentiality of your health information and the ways we may legally use and disclose health information in accordance with federal regulations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). "Medical information" and "health care," for purposes of this Notice, include your dental information and dental care. Third parties that assist in administration or provision of dental services provided by us are contractually obligated to follow the same policies and procedures followed by us. These third parties that assist in administration or provision of health care are called "business associates." Please read it carefully.**

We are required by applicable law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect 02/15/2016 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location and we will provide copies of the new Notice upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

## **Use and disclosure of health information**

We may use and disclose health information for different purposes including treatment, payment, and health care operations. A description and an example of each of these are below. Some information such as HIV-related information, genetic information and alcohol and/or substance abuse records and mental health records may be entitled to special confidentiality protections as they pertain to applicable cases involving these types of records.

**Treatment:** We may use or disclose health information about you to facilitate medical treatment or services by other providers. For example, we might disclose information to a specialist providing treatment to you.

**Payment:** We may use and disclose health information about you to obtain payment for services we provide to you. Payment activities include billing, collections, claims management and determination of eligibility and coverage to obtain payment from you, an insurance company or another third party. For example, we may share health information with your dental plan's administrator to assist with the processing of claims.

**Health care operations:** We may use and disclose your health information for operations that are necessary to run our office. For example, we may use health information in connection with quality assessment and improvement activities, conducting training programs, and licensing activities.

**Your Authorization:** If you give permission to us to disclose health information for which an authorization is required, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that were previously made with your permission, and that we are required to retain records of dental services provided to

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may 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 healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) 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 of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only information that is directly relevant to the person's involvement in your healthcare. We will use our professional judgement and or experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescription, medical supplies, x-rays, or other forms of health information

**Marketing Health-Related Services:** We will not use your health information for marketing purposes, including subsidized treatment communications, without your authorization.

**Required by law:** We will disclose health information about you when required to do so by federal, state or local law.

**Abuse, neglect, domestic violence or to avert a serious threat to health or safety:** We may disclose medical information to the appropriate government authority about an individual whom we reasonably believe to be a victim of abuse, neglect or domestic violence. We will only make this disclosure of your health information if you agree or when otherwise required or authorized by law. We may also use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Specialized government functions:** If you are a member of the armed forces, we may disclose health information about you as required by military command authorities if those authorities have provided proper notice or disclose information about foreign military personnel to the appropriate foreign military authority. We may disclose your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to the correctional institution or law enforcement official.

**We may disclose health information about you in special situations such as, but not limited to those listed here.** Public health risks such as preventing or controlling disease, injury or disability, including reporting of health statistics, reporting reactions to medications or problems with products and notifying people of recalls of products they may be using, or notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. Health oversight activities such as audits, investigations, inspections, and licensure, as well as disciplinary, civil, or criminal proceedings or actions which are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Involvement in a lawsuit, or a workers' compensation case or in response to a law enforcements, coroners, or medical examiners request.

## **Patient Rights**

You have the right to know how we use or disclose your health information. You, or the person you authorize or designate as your personal representative, also have the following rights regarding health information we maintain about you:

**Access:** You have the right to inspect and copy health information that may be used to make decisions about your dental care with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the form that you request unless we cannot practicably do so. A request must be in writing to obtain access to your health information. You may obtain a request form from the contact officer listed at the end of this Notice or by sending us a letter or email to the address listed at the end of this Notice. We may charge a reasonable cost-based fee for expenses such as copying, mailing and staff time. If you are denied access to medical information because of limited circumstances, you may request that the denial be reviewed.

**Disclosure Accounting:** You have the right to request an accounting (or listing) of any disclosure that was made for any purpose other than treatment, payment, or health care operations, as described above. Your request must be in writing to the contact official listed at the end of this Notice and specify a time period, which may not be longer than six years from the date of your request. The first list you request within a 12-month period will be provided free. For additional lists, we may charge you a reasonable, cost-based fee.

**Right to request restrictions on use or disclosure:** You have the right to request additional restrictions or limitations on the health information we use or disclose and the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. Except in limited circumstances, we are not required to agree to your request but will comply with your request to restrict disclosures if the information relates solely to a health care item or service for which you paid in full, and if the disclosures are for the purpose of carrying out a payment or health care operation and are not otherwise required by law. Requests must be in writing to the contact officer listed at the end of this Notice and must explain: (1) what information you want to limit; (2) whether you want to limit use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to request confidential communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask we contact you only at work or only by mail. Requests must be in writing to the contact officer listed at the end of this Notice.

**Amendment:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing, provide a reason that supports your request, and submitted to the contact official listed at the end of this Notice. We may deny your request under certain circumstances or if we believe information is accurate and complete.

**Right to a paper copy of this notice:** Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the officer listed at the end of this Notice.

**Right to be notified of any breach:** We are required by law to notify you of any breach of the privacy or confidentiality of your unsecured medical information.

## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may file a complaint with us using the contact information below. A written complaint may also be submitted to the US Department of Health and Human Services. Their address will be provided to you upon request. You will not be penalized or retaliated against if you file a complaint.

Contact Officer: Kelsey Clark  
Telephone: 360-658-7741  
Address: 3911 171<sup>st</sup> St NE, Arlington, WA 98223  
Email: [info@arlingtonfamilydentistry.com](mailto:info@arlingtonfamilydentistry.com)