



eastside dental

HIPAA NOTICE OF PRIVACY PRACTICES

This Notice describes how we may create or receive health information identifying you, and ways we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access your protected health information and certain obligations we have with respect to your health information. It is our desire to communicate to you that we take the Federal HIPAA- Health Insurance Portability and Accountability Act law seriously. We are required by applicable federal and state law to maintain the confidentiality of your health information and in keeping with these laws; we want you to understand our procedures and your rights as our valuable patient.

USES AND DISCLOSURES OF HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

Treatment: We may use or disclose your health information to a dental specialist, physician or other healthcare professional involved in your care.

Payment: We may use and disclose your health information to obtain payment from health plans and insurers for the care that we provide to you.

Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.

Appointment Reminders: We may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, voicemail, text message or email.

Treatment Alternatives and Health-Related Benefits and Services: We may use and disclose your health information to tell you about treatment options, alternatives or health-related benefits and services that may be of interest to you.

Disclosure to Family Members, Friends and Caregivers: We may disclose your health information with those you tell us will be helping you with your healthcare, your home hygiene, treatment, medications or payment. We may disclose your health information to a family member or friend who is involved with your care or payment for your care if you do not object or, if you are not present, we believe it is in your best interest to do so.

The following uses and disclosures occur infrequently and may never apply to you.

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

Public Health Activities: We may disclose patient health information for public health activities and purposes, which include: preventing or controlling disease, injury or disability; reporting birth or death; reporting child abuse or neglect; reporting adverse reactions to medications or foods; reporting product defects; enabling product recalls or notifying a person who may have been exposed to a disease or condition or may be at risk.

Abuse or Neglect: We may disclose health information to appropriate authorities if we reasonably believe that a patient is a possible victim of abuse, neglect, domestic violence or the possible victim of other crimes.

Health Oversight Activities: We may disclose patient health information to a health oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs and compliance with certain civil rights laws.

Lawsuits and Legal Actions: We may disclose patient health information in response to a court or administrative order or subpoena, discovery request or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested.

Law Enforcement Purposes: We may disclose patient health information to a law enforcement official for a law enforcement purpose.

Coroners, Medical Examiners and Funeral Directors: We may disclose patient health information to a coroner, medical examiner or funeral director to allow them to carry out their duties.

Research Purposes: We may use or disclose patient health information for research purposes pursuant to patient authorization waiver approval by an Institutional Review Board or Privacy Board.

Serious Threat to Health or Safety: We may use or disclose patient health information if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety.

Specialized Government Functions: We may disclose patient health information to the military (domestic or foreign) about its members or veterans, for national security and protective services for the President or other heads of state, to the government for security clearance reviews, and to a jail or prison about its inmates.

Workers' Compensation: We may disclose patient health information to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness.

Your Authorization for Any Other Use or Disclosure of Your Health Information: We will make other uses and disclosures of health information not discussed in this Notice only with your written authorization. You may revoke that authorization at any time in writing. Upon receipt of the written revocation, we will stop using or disclosing your health information for the reasons covered by the authorization going forward.

YOUR PATIENT RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

Access: You have the right to review or request a copy of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so (we then would provide it in a hard copy format or other format that is mutually agreeable). You must make a request in writing to obtain access to your health information. If you would like a copy of your health information, please let our Eastside Dental Business Office or Privacy Compliance Officer know. We may charge you a reasonable cost-based fee for expenses such as copies, staff time and/or postage.

Amendment: If you believe that your health information is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances. You will receive written notice of a denial and can file a statement of disagreement that will be included with your health information that you believe is incorrect or incomplete.

Restrict Use and Disclosure: You have the right to request that we restrict uses of your health information to carry out treatment, payment, or health care operations or to your family member or friend involved in your care or the payment for your care. We may not (and are not required to) agree to your requested restrictions, with one exception. If you pay out of your pocket in full for a service you receive from us and you request that we not submit the claim for this service to your health insurer or health plan for reimbursement, we must honor that request.

Confidential Alternative Communication, Alternative Locations: You may request to receive communications of health information by alternative means or at an alternative location. We will accommodate a request if it is reasonable. When you submit a written request to communication to our Eastside Dental Business Office and/or Compliance Privacy Officer, you need to provide an alternative method of contact or alternative address and indicate how payment for services will be handled.

Disclosure Accounting: You have a right to receive an accounting of disclosures of your health information for the six years prior to the date that the accounting is requested except for disclosures to carry out treatment, payment, health care operations (and certain other exceptions as provided by HIPAA). The first accounting we provide in any 12-month period will be without charge to you. We may charge a reasonable fee to cover the cost for each subsequent request for an accounting within the same 12-month period.

Breach Notification: In the event of a discovered impermissible use or disclosure of Protected Health Information (PHI) that violates federal HIPAA Privacy Rule or the Health Information Technology for Economic and Clinical Health (HITECH) Act or the state Breach Notification Law, we will notify the affected individual/s and the US Department of Health and Human Services (HHS).

You have the right to obtain a copy of this *Notice of Privacy Practices* directly from our office at any time. Stop by or give us a call and we will mail, or e-mail a copy to you.

We Have the Right to Change Our Privacy Practices and This Notice

We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future. We will promptly revise the Notice when there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practice discussed in this Notice. We will post the revised Notice in our office and will provide a copy to you on request. The effective date of this Notice (including any updates) 1/1/2011.

QUESTIONS AND COMPLAINTS

You have the right to express complaints to our Privacy Compliance Officer if you believe your privacy rights have been compromised. You also may submit a complaint to the U.S. Department of Health and Human Services. Please remember we always welcome your input so that we may promptly remedy any concerns you may have. To express your objections please ask for our Privacy Compliance Officer:

Mail: PO Box 700, Troutdale, OR 97060
Phone: (503) 665-2177
E-mail: info@east-sidedentalclinic.com.

Thank you for taking time to review how we are carefully using your health information. Please sign below acknowledging that you have received this Notice of Privacy Practices. Thank you for being one of our highly valued patients!

Print Patient Name

Signature Patient/Guardian

Date