

## NOTICE OF PRIVACY PRACTICES

*Stephanie A. Snelson D.D.S.*

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

The **Health Insurance Portability & Accountability Act** of 1996 ("**HIPAA**") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes:

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include teeth cleaning services.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- **The right to** request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- **The right to** reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- **The right to** inspect and copy your protected health information.
- **The right to** amend your protected health information.
- **The right to** receive an accounting of disclosures of protected health information.
- **The right to** obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

**This notice is effective as of April 14, 2003** and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

**Please contact us or for more information about HIPAA or to file a complaint:**

**The U.S. Department of Health & Human Services  
Office of Civil Rights**  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775

**UPDATED NOTICE OF PRIVACY PRACTICES  
EFFECTIVE SEPTEMBER 23, 2013**

**I. Introduction:**

Stephanie A. Snelson, D.D.S is required by law to maintain the privacy of your health information and to provide individuals with notice of its legal duties in privacy practices with respect to health information. It is the intent of the practice to abide by the terms of the privacy notice currently in effect. However, recent changes to federal law (Omnibus final rule) have necessitated some amendments to our Privacy Policy.

All previous portions of the Privacy Policy given to our patients remain in effect. The following are additions mandated by the Omnibus final rule:

**Breach Notification:**

We have in place appropriate administrative technical and physical safeguards to protect and secure the privacy and security of your personal health information. We review these policies regularly and update as needed. Dental records are kept in a secure place within our practice regarding the paper records and our electronic dental records system is monitored and updated to address security risks in compliance with the HIPAA Security Rule. Only staff members who have a legitimate "need to know" are permitted to access your dental records and other protected health information. Our staff understands the legal and ethical obligations to protect your personal health information and that a violation of this **NOTICE OF PRIVACY PRACTICES** may result in disciplinary actions up to and including termination. If you should ever feel there has been a breach regarding your protected health information, please notify our practice immediately and an investigation will be opened. Likewise if our practice has any reason to think that any of your protected health information has been compromised, we will notify you within a reasonable amount of time.

**Copies of Dental Records:**

In addition to providing you or another dental practitioner or entity with a copy of your paper dental record, we will also, upon request, provide an electronic copy of the dental record if available. A written request will be required.

**Student Records:**

The new Omnibus final rule states that student immunization records can now be released to schools without authorization as long as the immunizations are required by state law and we document a written or oral agreement to the release by parent or emancipated minor.

**Deceased Information:**

The new Omnibus final rule states that health information about a deceased patient is no longer protected fifty (50) years after his or her death. The new rule allows practices to disclose personal health information about a decedent to individuals who were involved in a patient's care or payment as long as such disclosure is not contrary to the patient's prior express preference.

**Sell of Personal Health Information:**

Our practice will not sell any of your personal health information.

**Restrictions on Disclosure of Out-Of-Pocket Payments:**

Our practice will not disclose your personal health information to any dental insurance plan or third party payor as long as you have paid for the health care item or service in full yourself.

**Use of Personal Health Information for Marketing or Fundraising:**

Our practice has no intention of utilizing your personal health information for marketing or fundraising activities. If a change in this policy should occur you will be notified. If the policy should change, all patients will have the right to "opt out" of having any personal health information utilized for marketing or fundraising purposes.

**Research:**

Our practice does not perform any research activities.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_