

PRIVACY POLICY

It is the policy of our practice that all doctors and staff preserve the integrity and the confidentiality of our patient's protected health information (PHI). This policy is to ensure that our practice and its doctors and staff have the necessary medical, dental and PHI to provide the highest quality dental care possible while protecting the confidentiality of our patients' PHI to the greatest degree possible. Patients should not be afraid to provide information to our practice and its doctors and staff for the purpose of treatment, payment and health care information. To that end, our practice and its doctors and staff will:

- Adhere to the standards set forth in the Notice of Privacy Practices
- Collect, use, and disclose PHI only in conformance with state and federal law and current patient covenants and/or authorization, as appropriate. Our practice and its doctors and staff will not use or disclose PHI for uses outside of the practice's dental/health care operations, such as marketing, employment, insurance applications etc. without an authorization from the patient.
- Implement reasonable measures to protect the integrity of all PHI maintained about patients.
- Recognize that patients have the right to privacy and to respect their dignity at all times. We will respect our patients, privacy to the extent consistent with providing the highest quality dental care and with the efficient administration of the facility.
- Act as responsible information stewards and treat all PHI as sensitive and confidential and will thus treat all PHI data as confidential in accordance with professional ethics, accreditation standards, and legal requirements.
- Not disclose PHI data unless patients (or an authorized representative) have properly authored the release or the release is authorized by law.
- Recognize that, although our practice "owns" the medical record, the patient has the right to inspect and obtain a copy of their PHI. In addition, patients have a right to request an amendment to their records if they believe information is inaccurate or incomplete.
- Permit patients access to their medical records when their written request is approved by our practice. If we deny their request, then we must inform the patient that they may request a review of our denial. In each case, we will have an on-site health care professional review the patient's appeals.
- Provide the patients an opportunity to request the correction of inaccurate or incomplete PHI in their record in accordance with the law and professional standards.
- Maintain a list of certain disclosures of PHI for purposes other than treatment for each patient and those made pursuant to an authorization as required by HIPAA rules. We will provide this list to patients upon written request.
- Adhere to any restrictions concerning the use or the disclosure of the PHI that patients have requested and have been approved by our practice.

Our practice, its doctors and staff pledge to adhere to this policy. Our practice will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with our practice's personnel's rules and regulations.

Our practice may change this privacy policy in the future. Any changes will be effective upon the release of a revised privacy policy and will be made available upon request.

Privacy Procedures to accomplish this Privacy Policy:

- The Privacy Officer will provide the front staff with an original form for the patient to complete when a patient desires to inspect his/her PHI.
- The front office will photocopy and make available to patients the form to Inspect and Copy PHI.
- The front office will respond to patients' requests and questions regarding inspecting and copying PHI. In addition, the office staff will distribute the forms to patients upon request.
- Once a patient completes the form, the staff will forward a copy to the Privacy Officer for Review.
- Once the patient has submitted his/her request in writing, the office will verify that patient's signature matches his/her signature on file.
- The Privacy Officer must review the patient's request within thirty days from the date of the request. The Privacy Officer can request an additional thirty days as long as the request is made to the patient in writing with an explanation for the delay clearly explained.
- The Privacy Officer will agree to all reasonable requests. If access is denied, the Privacy Officer must provide the patient with an explanation for the denial as well as a description of the patient's review for appeal.
- When a patient has made a request to inspect PHI and the request has been accepted, the Privacy Officer or another authorized practice representative should accompany the patient during the inspection. A note will be made to record the date and time of the inspection and whether the patient made any requests to amend or change the record.
- When the patient's request to copy his/her PHI has been accepted, the front desk will copy the record within fourteen business days.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You may refuse to sign this acknowledgement****

This notice is effective as of August 24, 2003.

I have received the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide the doctors with my authorization and consent to use and disclose my protected health care information for the purposes of treatment and health care operations as described in the Privacy Notice.

Last Name (Print)

First Name of All Children Being Treated (Print)

Patient, Parent or Guardian Signature

Date

*** For official use only ***

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

___ Individual refused to sign

___ Communications barrier prohibited obtaining the acknowledgement

___ An emergency situation prevented us from obtaining acknowledgement

___ Other (Please Specify) _____
