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Notice of Privacy Practices

This notice describes how health information about you/or your child(children) may be used and disclosed and how you can access to this information. Please review carefully. The privacy of your health information is important to us.

Our Legal Duty

We are required by law to maintain the privacy of your health. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy the privacy practices that are described in this Notice while it is in effect. This notice takes effect on 7/14/2016 and will remain in effect until we replace it.

We reserve the right to make changes to our privacy practices, provided such changes are permitted by applicable law. Following any changes, we will we will make the new notice available upon your request. You may request a copy of this notice at any time. We will post our notice in our office and on our website: www.thepediatricdentists.com

Uses & Disclosures of Health Information

We may use and disclose health information about you or your child/children for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose you or your child's health information to another dentist, or healthcare provider providing treatment to you, or if we refer you to another healthcare provider.

Payment: We may use and disclose you or your child's health information to obtain payment for services we provide to you. We may share part of it with your insurance company, collection agencies or attorney assisting with collections, and others who are responsible for your bills, such as spouse, as necessary for us to collect payment. For example, we may give information about a dental procedure that was done to your dental insurance company so it will pay us or reimburse you for the dental procedure.

Health Care Operations: We may use and disclose you or your child's health information in connection with our health care operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, and licensing or credentialing activities.

Your Authorization: In addition to our use of you or your child's health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it, in writing, at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family, Friends, & Persons Involved in Care: We must disclose you or your child's 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 payment for your healthcare, but only if you agree may we do so, or based on our professional judgement, we determine that you would not object to the disclosure. We will also use our professional judgement and our experience in allowing a person to pick up supplies, x-rays, or other similar forms of health information on your behalf.

Marketing Health-Related Services: We will not use you or your child's health information for marketing communications without your written consent/authorization.

Contacting You: We may use and disclose you or your child's health information to contact you about appointments and other matters. We may contact you by telephone call, text messaging, email, or by mail. We may leave you messages at the telephone numbers you provide us with.

Patient Rights

Access: You have the right to look at or get copies of you and your child's health information, with limited exceptions. Your written request is necessary. 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 may charge a fee for producing dental records and x-rays as allowed by law.

Disclosure Accounting: You have the right to receive a list of instances in which we/our business associates disclosed you or your child's health information for purposes other than treatment, payment, and healthcare operations, and certain other activities for the last six years, but not before 2003.

Restrictions: You have the right to request that we place additional restrictions, but if we do, we will abide by our agreement (except in emergency). When you pay in full outside of your insurance plan for services, you may request that we restrict this information and not disclose it to your healthcare plan or insurer.

Alternative Communications: You have the right to request that we communicate with you about you or your child's healthcare information by alternative means or to alternative locations. This request must be in writing. Your request must specify the alternative means or locations, and provide satisfactory explanation or how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend you and your child's health information. This request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you received this notice on our website or by email, you are also entitled to receive this notice in written form.

Questions & Concerns

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

If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to the privacy of you and your child's health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

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OFFICE COPY

If you would like a printed copy for your records, please ask the front desk/reception.