

Notice of Privacy Practice

Protecting your Confidential Health Information is important to us

Notice Of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review carefully.

Our Promise

Dear Patient,

This is not meant to alarm you and is quite the opposite. It is our desire to communicate to you that we are taking the new Federal HIPAA (Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We do not ever want to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

So what has changed?

Why a privacy policy now?

Very good questions!

The most significant variable that has motivated the federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computers but also within the internet, phone, faxes, copy machine and charts. We believe this has been an important exercise for us because it has disciplined us to put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to state and federal laws regarding the confidentiality of your health information. We want you to understand our procedures and your rights as a valuable patient.

We will use and communicate your health information **ONLY** for the purpose of providing treatment, obtaining payment and conducting health care operation. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

How Your Health

Information May be Used

To Provide Treatment

We will use your health information within our office to provide you with the best healthcare possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between assistant, dentist and business office staff. In addition, we may share your health information with referring dentists, clinical and pathology laboratories, pharmacies or other care personnel providing you treatment.

To Obtain Payment

We may include your health information with an invoice used to collect payment for statements you receive in our office. We may do this with insurance forms filed for you by mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

To Conduct Health Care Operations

Your health information may be used during performance evaluation of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, health information may be included in training programs for students, interns, associates and business or clinical employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

Patient Reminders

Because we believe regular care is very important to your general health we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family.

These communications are an important part of our philosophy. Partnering with our patients ensures they receive the best preventive and curative care modern dentistry can provide. Unless you tell us that you do not want to receive reminders, they may include postcards, folding postcards, letters, telephone reminders or electronic reminders such as email.

Abuse or Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect of domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with patient's agreement.

Public Health and National Security

We may be required to disclose to federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or understanding new side effects of a drug treatment or medical device.

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Law Enforcement

As permitted or required by state and federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

Family, Friends and Caregivers

We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications or payments. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

Coroners, Funeral Directors and Medical Examiners

We may be required by law to provide information to coroners, funeral directors and medical examiners for the purposes of determining a cause of death and preparing for a funeral.

Medical Research

Advancing medical knowledge often involves learning from the careful study of the medical histories of prior patients. Formal review and study of health histories as part of a research study will happen only under ethical guidance, requirements and approval of an Institutional Review Board.

Authorization to Use or Disclose Health Information

Other than what is stated above and where federal, state and local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

Patient Rights

This new law is careful to describe that you have the following rights related to your health information.

Restrictions

You have the right to request restrictions on certain uses and disclosure of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

Confidential Communication

You may request that we communicate your health information privately with no other family members present, or through confidentially mailed communications. We will make every effort to honor your reasonable request for confidential communication.

Inspect and Copy Your Health Information

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.

Your request may be denied if the health information record in question was not created by our office, is not part of our records, or if the records containing your health information are determined to be accurate and complete.

Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than that for treatment, payment or health operations. Our documentation procedures will enable us to provide health information usage from April 14, 2003 and forward. Please let us know in writing the time period for which you are interested and limit your request to no more than six years at a time. We may need to charge you a reasonable fee for your request.

Request Paper Copy of this Notice

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

We are required by law to maintain the privacy of your health information and to provide you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice and reserve the right to change the terms of such notice. If we change our privacy practices, we will be sure all our patients receive a copy of the revised notice.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express to us any concerns you may have regarding the privacy of your information. Please submit your concerns to us in writing.

If you wish, you may appoint a health spokesperson.

Name _____

Relationship _____

Patient Acknowledgement

Patient Name: _____

Thank you for taking the time to review how we are carefully using your health information. If you have any questions, we want to hear from you. By signing, you are acknowledging receipt of our policies and procedures.

Patient Signature _____

Date _____/_____/_____

As a condition of your treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from the patients for the cost incurred in their care and financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services, or any dental service without previous financial arrangements, must be paid for in cash at the time services are performed.

Patients who have dental insurance understand that all dental services furnished are charged directly to the patient and that he/she is personally responsible for payment of all dental services. This office will help prepare the patients insurance forms or assist in making collections from insurance companies. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company. Benefits are negotiated between the employer and insurance company.

A service charge of 2% per month (or 24% annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied.

I understand that the fee estimate listed for this dental care can only be extended for a period of 4 months from the date of the patient examination.

In consideration for the professional services rendered to me, or at my request, by the Doctor, I agree to pay therefore the reasonable value of said services to said Doctor, or his assignee, at the time said services are rendered, or within 5 day of billing if credit shall be extended. I further agree that the reasonable value of said services shall be billed unless objected to by me, in writing, within the time for payment thereof. I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit be instituted hereunder.

I grant my permission to you or your assignee, to telephone me at home or at work to discuss matters related to this form.

I have read the above conditions of treatment and payment and agree to their content.

Signature of patient, parent or guardian

Date: _____

Signature of guarantor of payment/responsible party

Date: _____