

## Notice of Privacy Practices

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

### **Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your Protected Health Information (PHI). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 11/01/2007, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at anytime, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and provide the new Notice at our practice location, and we will distribute it upon request.

You may request a copy of our Notice at anytime. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

**Your Authorization:** In addition to our use of your health information for the following purposes, 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 anytime. 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.

### **Uses and Disclosures of Health Information**

We use and disclose health information about you without authorization for the following purposes:

**Treatment:** We may use or disclose your health information for your treatment. For example, we may disclose your health information to your physician or other dental/healthcare provider providing treatment for you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide for you. For example, obtaining approval for a dental procedure from an insurance carrier that may require that your relevant PHI be disclosed to the insurance plan to obtain approval for the procedure.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. For example, 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, and certification, licensing or credentialing activities.

**Required By Law:** We may use or disclose your health information when we are required to do so by law. This will be in compliance with the law and will be limited to the relevant requirements of the law.

**Legal Proceedings:** We may disclose health information to assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.

**Coroners, funeral directors:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining the cause of death, or for the coroner or medical examiner to perform other duties authorized by law.

**Public Health and Public Benefit:** We may use or disclose your health information to report abuse, neglect or domestic violence; to report disease, injury, and vital statistics; to report certain information to the Food and Drug Administration (FDA); to alert someone who may be at risk of contracting or spreading a disease; for health oversight activities; for certain judicial and administrative proceedings; for certain law enforcement purposes; to avert a serious threat to health or safety; and to comply with worker's compensation or similar programs.

**Correctional Institutions:** Information may be shared if you are an inmate or under custody of law which is necessary for your health and safety of other individuals.

**Decedents:** We may disclose health information about a decedent as authorized or required by law.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient under certain circumstances.

#### **Other Uses and Disclosures of your health information**

**Business Associates:** Some services are provided through the use of contracted entities called "business associates." We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies and IT professionals.

**Health Information Exchange:** We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.

**Fundraising activities:** We may contact you in an effort to raise money. You may opt out of receiving such communications.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, texts, e-mails, postcards, or letters).

#### **We may use or disclose your PHI in the following situations UNLESS you object**

**To You or Your Personal Representative:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to your personal representative, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present then prior to use or disclosure of your health information, we provide you with an opportunity to object to such uses or disclosures. In the event of your absence or incapacity or in emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Disaster Relief:** We may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts.

#### **Uses and Disclosures of PHI requiring your written authorization**

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Sale of Information:** We will not disclose your health information for any purposes which require the sale of your information without your written authorization.

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

#### **Your Privacy Rights**

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing. You may obtain the written request document from the privacy officer. The request should be directed to the privacy officer.

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. At this time, we do not charge for these services but reserve the right to do so in the future. Should this occur, we will charge you a reasonable cost-based on the cost of the supplies, labor of copying and postage if necessary.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. In most cases we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law). We must comply with a request to restrict the disclosure of protected health information to a health plan for purposes of carrying out payment or health care operations (as defined by HIPAA) if the protected health information pertains solely to a healthcare item or service for which we have been paid out of pocket in full.

**Electronic Communication:** In an effort to reduce paper use and increase efficiency of communication, our practice conducts most of its correspondence electronically. This would include, when possible, correspondence with you and/or your physician/ other dental care providers regarding your treatment. We make every effort to keep your information private, confidential and secure. You have the right to request an alternative means of communication (in writing) if you prefer.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. (You must make your request in writing). Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

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

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain

other activities, for the last 6 years, but not before January, 1 2010. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Electronic Notice:** You may receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically on our website or by electronic mail (e-mail).

**Breach:** You have a right to receive notification of any breach of your PHI.

### **Our Office**

Our office, like the majority of dental facilities, offers spacious open treatment areas designed to provide a friendly environment to our patients and staff. Even in the open treatment areas, we strive to keep your information private and confidential. Any discussion you would like to have privately can be conducted in one of our private consultation rooms/areas at your request. If you would prefer treatment in a private room, please let us know and it can be scheduled.

### **Questions and Complaints:**

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

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

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

**Privacy/Contact Officer: Maureen M. Raczka, D.D.S.**  
**202 Davis Grove Circle, Suite 102**  
**Cary, NC 27519**  
**Telephone: 919-363-3100 Fax: 919-363-3002**  
**E-mail: [mrazcka@alliancedentistrync.com](mailto:mrazcka@alliancedentistrync.com)**

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