

HIPAA Notice of Privacy Practices

Revised 10/21/2019

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.

1. OUR RECORD OF YOUR HEALTH INFORMATION

Each time you receive services, a record of your visit is made. This record may describe your condition, diagnoses, treatments and/or a plan for future care. Health information such as test results, medications and information obtained by your provider will be recorded.

2. WHEN WE NEED YOUR WRITTEN PERMISSION TO USE AND DISCLOSE YOUR HEALTH INFORMATION

We must obtain your written authorization for uses and disclosures of your health information, except as described below in this Notice. We must, for example, obtain your written authorization for certain uses and disclosures involving the sale of your health information or for any use or disclosure of your health information for marketing purposes.

3. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS WITHOUT YOUR WRITTEN AUTHORIZATION

We may use or disclose your health information without your written authorization for the purposes of treatment, payment and health care operations. Examples of such uses are as follows:

Treatment – to provide, manage and coordinate your oral health care. Your treatment could also involve disclosing information to other providers such as a referring health care provider or other health care providers involved in your care for the purpose of providing you excellent, coordinated care; sending you appointment reminders; contacting you about your care and treatment choices, or telling you about services that may interest you.

Payment – to obtain payment and determine health insurance eligibility. We may tell your health plan about treatment or services that may require its prior approval.

Health Care Operations – to assess the quality of care we provide, to improve our services, to train our staff, and to manage our operations and services.

4. WE MAY BE PERMITTED OR REQUIRED TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

We are also permitted or required to use your health information or disclose your health information to others without your written authorization as follows:

- Within Georgetown Dental Aesthetic and to business associates as needed for assistance with our operations, subject to protections for your health information.
- Incidental to a use or disclosure otherwise permitted or required.
- For federal and state health oversight activities such as fraud investigations.
- In judicial or administrative proceedings, pursuant to, for example, a subpoena, court order, or other lawful process.
- To law enforcement officials in limited circumstances.
- To the Secretary of Health and Human Services, if it conducts an investigation to determine our compliance with HIPAA.
- Unless you object, to family and friends involved in your care if, in our professional judgment, it is in your interest for us to disclose information directly relevant to that person's involvement with your care.
- Unless you object, to a family member, personal representative, or person responsible for your care in order to notify them of your location, general condition.
- Otherwise, as required or permitted by HIPAA and all other applicable laws.

5. YOUR RIGHT TO INSPECT AND RECEIVE COPIES OF YOUR HEALTH INFORMATION AND TO REQUEST THAT WE RELEASE YOUR HEALTH INFORMATION TO OTHERS.

You have the right to inspect and receive copies of your health information in our health records and to request that we release a copy of this health information to others. A modest fee may be charged. Please speak to your dentist if you have questions about making a request. Your request may be denied in whole or in part when the following circumstances exist:

- Information compiled in anticipation of or use in a civil, criminal or administrative action or proceeding.
- Health information that we obtained from someone other than a health care provider under a promise of confidentiality if the access requested would be reasonably likely to reveal the source of the information.

We retain our health records for 7 years from the date of final treatment.

6. YOUR ADDITIONAL RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Receive a copy of their Notice of Privacy Practices upon request.
- Inspect and obtain a copy of your health record.
- Request, in writing, that we restrict how we use or disclose your health information. For example, you may request us not to disclose health information to a health plan for payment pertaining to items or services for which we have been paid in full by you or a person other than the health plan.
- Revoke, in writing, any authorization you have given to disclose your information; but we won't be able to take back information we have already.
- Request a confidential and/or alternate modes of communication.
- Request in writing an amendment to the information in your health record.
- Request in writing and receive an accounting of the disclosures we have made of your health information, except for disclosures to you, disclosures you authorized, and disclosures that are permitted or required without your authorization.
- Make a complaint about our privacy practices.
- In the event of a breach of your unsecured protected health information, to receive notification of the breach.

- **7. OUR RESPONSIBILITIES**

We are required by law to:

- Maintain the privacy of your health information.
- Provide you this Notice of your rights and our duties and our privacy practices.
- Abide by the terms of our Notice of Privacy Practices as currently in effect.
- Notify you following a breach of your unsecured protected health information.
- Notify you if we are unable to continue to comply with your restriction request.

We reserve the right to change our privacy practices and this Notice and to make the new practices effective for all your health information including information we already have about you. The revised Notice will be posted on our website and made available at our treatment site.

8. TO EXERCISE YOUR RIGHTS OR FILE A COMPLAINT

If you have questions about this Notice, would like to exercise your rights, or wish to file a formal complaint regarding the privacy of your health information, please contact:

HHS Headquarters (202)690-7000

U.S. Department of Health & Human Services

The mailing address is:

U.S. Department of Health & Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

If you believe your privacy rights have been violated, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

You will not be penalized or subject to retaliation for filing a complaint.