

Notice of Privacy Practices

Patient First Name	Patient Last Name
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Purpose: This form, Notice of Privacy Practices, presents the information that federal law requires us to give our patients regarding our privacy practices. {Note: this form may need to be changed to reflect the dental practice's particular privacy policies and/or stricter state laws.} We must provide this Notice to each patient beginning no later than the date of our first service delivery to the patient, including service delivered electronically, after April 14, 2003. We must make a good-faith attempt to obtain written acknowledgment of receipt of the Notice from the patient. We must also have the Notice available at the office for patients to request to take with them. We must post the Notice in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read the Notice. Whenever the Notice is revised, we must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. We must also post the revised Notice in our office as discussed above.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT THE PRIVACY OFFICER, NAMED BELOW AT 919-782-0801

JILLIAN BOUFFORD

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US Effective Date: 4/13/2003 Revised 5/9/2018 We are committed to protect the privacy of your personal health information (PHI). This Notice of Privacy Practices (Notice) describes how we may use within our practice or network and disclose {share outside of our practice or network) your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice, at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by: • Posting the new Notice in our office • If requested, making copies of the new Notice available in our office or by mail • Posting the revised Notice on our website: www.raleighsmile.com

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations.

Your Authorization: We will not use your private health information for any reason, except those described in this Notice, without your written authorization.

To Your Family and Friends: 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 a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

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

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We may use and disclose your PHI in other situations without your permission:

- **If required by law** The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, we may be required to report gunshot wounds or suspected abuse or neglect.
- **Public health activities** The disclosure will be made for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- **Health oversight agencies** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Legal Proceedings** 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
- **Police or other law enforcement purposes** The release of PHI will meet all applicable legal requirements for release
- **Coroners, funeral directors** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.
- **Special government purposes** Information may be shared for national security purposes, or if you are a member of the military, to the military under limited circumstances
- **Correctional institutions** Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of other individuals
- **Workers compensation** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs

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 or dental software program support.

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.

Appointment: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters). We may disclose your PHI in the following situations UNLESS you object.

We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care of payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgement will determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information.

We may use or disclose your protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for the care of your location, general condition or death. We may use or disclose your protected health information to authorized public or private entity to assist in disaster relief efforts.

The following uses and disclosures of PHI require your written authorization: Marketing All other uses and disclosures not recorded in the Notice will require a written authorization from you or your personal representative. Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

Your Privacy Rights

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing. In order to obtain access, contact the privacy officer named in this notice. You will be provided with the appropriate release form(s). You have the right to see and obtain a copy of your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. 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. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$.35 for each page, \$50.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee). You have the right to request a restriction of your protected health information. You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request, we will honor the restriction request unless the information is needed to provide emergency treatment. You have the right to request us to communicate in different ways or in different locations. We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request. You may have the right to request an amendment of your health information. You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have the opportunity to disagree. You have the right to a list of instances, people or organization(s) who have received your health information from us. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You may request them for the previous six years or a shorter time frame. If you request more than one list within a 12-month period, you may be charged a reasonable fee. 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.

Additional Privacy Rights

You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency we will give you this Notice as soon as possible. You have a right to receive notification of any breach of your protected health information. If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact our HIPAA officer, Jillian Boufford, at 919-782-0801. You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. 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. This notice was published and became effective on April 13, 2003 and have been updated as of May 9, 2018. © 2002 American Dental Association All Rights Reserved Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association. This form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

Signature

Signature (ESign)

Relationship to the patient

Name

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Date :