

# Around The Mountain Pediatric Dentistry, PLLC

## **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 IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our Healthcare Practice takes patient privacy matters seriously. We work hard to meet and exceed all existing rules and regulations and will work to keep you informed regarding our office policies and your personal rights regarding privacy.

We are required by federal and state law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices described in this Notice while it is in effect. This Notice takes effect on 09/23/2013 and will remain until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request. You may request a copy of our Notice at any time, and may request additional copies as needed, by contacting our office.

**How We May Use and Disclose Health Information:** We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under the applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

**Treatment & Specialist Referrals:** We may use and disclose health information for your treatment, for general healthcare operations and payment collections. That means your information is available to our immediate staff, and to other practitioners who we may refer you to for additional treatment. This includes, but is not limited to, other healthcare specialists such as surgeons, laboratories and the like. We will exercise our judgment in only distributing the minimum necessary information needed when sending health information to any outside Associates.

**Other uses and Disclosures of PHI:** Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

**Patient Treatment Area:** Our open bay treatment design prevents the doctor and staff from discussing your treatment or your child's treatment privately. If you want the discussion of your treatment or your child's treatment kept private from other people, please inform the doctor and staff and we will provide a private room to do so.

**Fundraising/Marketing Health -Related Services:** We will not use your health information for marketing communications without your written authorization. Under federal privacy rules we may send you updated information about our practice or healthcare system, send you information regarding programs and products we offer to further enhance your care and treatment, provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law, send reminder notices for appointments, and offer small nominal gifts from time to time, such as toothbrushes, which is not considered marketing. We will never provide your name to an outside organization for marketing. If you do not wish to receive such information from us, you may opt out of receiving the communications.

**Our Business Associates:** We require all of our Business Associates to sign a contract specifying they too are strictly following patient privacy rules and regulations. We will act swiftly and decisively if we find any violated provision of their contract.

**Required by Law/ National Security:** We may disclose your PHI to government agencies or others, as permitted by HIPAA, as required by law, or in response to a subpoena or court order. Examples of this include, but are not limited to, law enforcement, required state agency reporting, or coroners or medical examiner seeking to confirm identity. We may disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties. 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 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.

**Individuals Involved in Your Care or Payment for your Care:** We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat the patient representative the same way we would treat you with respect to your health information.

**General Business Operations/Research:** We may use and disclose your health information in the course of general healthcare operations for activities such as conducting quality reviews, assessing practitioner performance, evaluation of business costs, conducting training programs, licensing, accreditation, and certain certification activities, and other business related evaluations to help us in improving our delivery of healthcare to our patients. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Payment and Collection:** We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or other third party. For example, we may send claims to your dental health plan containing certain health information. We will use our professional judgment and experience with common practice to make decisions on what information to disclose to secure payment.

**Disaster Relief:** We may use or disclose your health information to assist in disaster relief efforts.

**Secretary of HHS:** We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

**Worker's Compensation:** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Judicial and Administrative Proceedings:** If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

**Health Oversight Activities:** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Public Health Activities:** We may disclose your health information for public health activities, including disclosures to:  
Prevent or control disease, injury or disability;  
Report child abuse or neglect;  
Report reactions to medications or problems with products or devices;  
Notify a person of a recall, repair, or replacement of products or devices;  
Notify a person who may have been exposed to a disease or condition; or  
Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

### YOUR HEALTH INFORMATION RIGHTS

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. 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. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

We will have up to 30 days (and sometimes longer) to respond, depending on what is required to meet your request. Specifics will be provided upon request.

**Disclosure Accounting:** With the exception of certain disclosures, you have the right to receive an accounting of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. 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 the additional requests. Fees will be disclosed prior to any action being taken.

**Right to Request a Restriction:** You have the right to request additional restrictions on our use or disclose of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. **We are not required to agree to your request except in the case where the disclosure is to a health plan for the purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.**

**Alternate Communication:** We will call the phone numbers you provide to confirm a scheduled appointment, if we are unable to reach you we will leave a detailed message. You have the right to request that we communicate with you about your health information by alternate means or at alternate locations. You must make your request in writing. Your request must specify the alternate means or location, and provide satisfactory explanation of how payments will be handled under the alternate means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact using the information we have.

**Amendment:** You have the right to request 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, however we will note in your records your request to amend and reason. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights. If we agree to your request, we will amend your record(s) and notify you of such. We cannot delete anything from the formal record but we can add an addendum to the record that may be able to meet your amendment request.

**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 Web site or by electronic mail (email).

**Right to Notification of a Breach:** You will receive notifications of breaches of your unsecured protected health information as required by law.

### QUESTIONS AND COMPLAINTS

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 or if 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 of 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.

### **Our Privacy official:**

David K. Leard  
Telephone: 928-779-0385  
Fax: 928-779-6487  
Email: info@atmpd.com  
Address: 1024 N. San Francisco Street, Suite 101, Flagstaff, AZ 86001

I, \_\_\_\_\_

Hereby acknowledge receipt of the Notice of Privacy Practices

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness seeking acknowledgement:

\_\_\_\_\_ Date : \_\_\_\_\_

**If not signed, reason why acknowledgement was not obtained:**

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