

## NOTICE OF PRIVACY PRACTICES

Smiles Ahead Family Dentistry  
2456 Home Acre Dr.  
Columbus, OH 43231  
(614)818-9420

This notice describes how your personal health information (PHI) may be used and disclosed and how you can get access to this information. Please review it carefully.

Federal & State laws require us to maintain the privacy of your PHI. This law also requires us to give you this notice about our privacy practices, our legal duties, and your rights concerning you PHI. We must follow the privacy practices described in this notice while it is in effect. This notice takes effect April 14<sup>th</sup>, 2003, and will remain as is until we replace it.

We reserve the right to change our privacy practices and the terms of this notice as the law permits. If such changes are made, we will make the new notice available upon request. You may request a copy of our notice at any time. For more information about our privacy practices, or additional copies of this notice, please contact our office at (614)818-9420.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you under the following circumstances:

- To treat or disclose it to a dentist, physician or other health care provider providing treatment to you.
- To obtain payment for services we provide to you. We may also disclose your PHI to another health care provider or entity that is subject to the federal Privacy Rules for its payment activities.
- For our health care operations which may include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. We may disclose you PHI to another health care provider or organization subject to the federal privacy rules and that has a relationship with you to support some of their health care operations.\
- You give us written authorization to use you PHI or disclose it to anyone for any purpose. If you give us such authority, you may revoke it in writing at any time. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.
- To disclose it to family members, friends or other persons to the extent necessary to help with your health care of with payment for your health care. You will be provided with an opportunity to object to our use disclosure of you PHI, before we disclose it to these persons. If you are not present, or in the event of your incapacity or an emergency, we will disclose and/or use your PHI based on or professional judgment of whether such disclosure would be in your best interest.
- To provide you with appointment reminders (such as voice mail messages, postcards or letters).
- To a public or private entity authorized by law or by its charter to aid in disaster relief efforts.
- As authorized by law for the following purposes deemed to be in the public interest or benefit
  - As required by law:
    - For public health activities including disease and vital statistics reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
    - To report adult abuse, neglect, or domestic violence;
    - To health oversight agencies;
    - In response to court and administrative orders and other lawful processes;
    - To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
    - To coroners, medical examiners, and funeral directors;
    - To organ procurement organizations;
    - To avert a serious threat to health or safety;
    - In connection with certain research activities;
    - To the military & to federal officials for lawful intelligence; counterintelligence, & nat'l security activities;
    - To correctional institutions regarding inmates; and
    - As authorized by state worker's compensation laws.

## PATIENT RIGHTS

**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 a format other than photocopies. We will use the format of your request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may request access by sending us a letter to the address listed at the top of this notice. If you request copies, we will charge you a reasonable cost-based fee that may include labor, copying costs, and postage. 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 may-but are not required to-prepare a summary of an explanation of your health information for a fee. Contact us using the information listed at the end of this notice for more information about fees.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information over the last 6 years (but not before April 14, 2003). That list will not include disclosures for treatment, payment health care operations, as authorized by you, and for certain other activities. 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. Contact us using the information listed at the end of this notice for more information about fees.

**Restriction:** You have the right to request that we place additional restrictions on our use of disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restriction must be in writing signed by a person authorized to make such an agreement on our behalf. Your request is not binding unless our agreement is in writing.

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

**Amendment:** You have the right to request that an amendment be made to your PHI if you believe it to be incomplete or incorrect. To request an amendment, you must send a written request to the office manager at the address listed above. You must include a reason to support your request. Your request will be researched and responded to in a timely manner.

## QUESTIONS AND COMPLAINTS

If you want additional information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice. If you believe that:

- we may have violated your privacy rights
- we made a decision about access to your health information incorrectly,
- our response to a request you made to amend or restrict the use or disclosure of your PHI was incorrect, or
- we should communicate with you by alternative means or at alternative locations,

you may contact us using the information at the top 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 them 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 against us or with the U.S. Department of Health and Human Services.

Signature of Receipt of Privacy Practice Notice \_\_\_\_\_ Date \_\_\_\_\_

If refused to sign – witness \_\_\_\_\_

Copy given to patient/Legal representative on \_\_\_\_\_

Date

Patient/Legal representative initials represent copy given: \_\_\_\_\_

Copy maintained in chart.