



CARE FOR YOU DENTAL

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**ADDRESS:**

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## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

THE 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 health insurance portability Act (HIPAA): is a US law designed to provide privacy standards to protect patient's medical records and other health information.

What does this mean? HIPAA provides certain rights and protections to you as a patient. There are rules and restrictions on who may see or be notified of your Protected health information. (PHI).

The privacy of your health records has always been important to us and we are committed to protecting it. Our responsibility by law requires us to:

- Keep your dental information private
- Give you this notice describing our duties and privacy practices pertaining to your PHI.
- Follow the terms of the current notice.
- Notify you of the breach of your dental information when required by law.

We have the right to

- Change, add, delete or modify any of these provisions to better serve the needs of both the practice and the patient.
- Make the changes in our privacy practice and the new terms of our notice effective for all dental information that we keep, including information previously created or received before the changes.

You have the right to request in writing that we do not disclose your health information or request restrictions in the use of your Protected Health Information. However, we are not obligated to alter our internal policies to conform to your request and our office will inform you if your request can be met.

There are various reasons where we are permitted to use and disclose your dental information. This notice will tell you about the ways we may use and share dental information about you while balancing these needs with our goal of providing you with quality care.

- 1) The normal interchange of information within the office necessary to provide you with our services.
- 2) Other health care providers eg: specialists whom we may consult as is necessary for your care.
- 3) Use and disclose information to Dental Laboratories who play a part in your care
- 4) Payment services: A bill/claim that may be sent to a third party payer. eg insurance companies that may request a progress report from us to be submitted with your claim.
- 5) It is the policy of our dental office to remind patients of their appointments. This may be done via telephone, email, texting, voicemail, leave a message with the person who answers the contact number provided or by any means convenient for the practice and/ or requested by you. We may also send you other communications informing you of changes to our policies, new technology or other information that you may find valuable and informative.
- 6) We may use your information to contact you eg: We may mail out Reminder Recall cards, Birthday cards / Specials via USPS, UPS, FED Ex or any means convenient to the practice to help patients keep up with their health care needs or oral educational/ informational materials.
- 7) In an emergency, we may disclose and release your health records to the person listed as your emergency contact. If the emergency contact is not available we may disclose your information to a family member or another person responsible for your care.
- 8) You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor. If you have questions, would like additional information or want to report a problem regarding your information, you may contact our office and speak to the office manager at 702-765-4018.

You have the right to access copies of your health care records and we agree to provide patients with access to their records in accordance to the state and federal laws. A written request is needed to prepare the documents to comply with your request. You have the right to request the transfer of your records to another practice. A 'Release of Records' form signed by the patient or guardian is mandatory before such a request is carried out.

## Other Disclosures and Uses:

- Unless you notify us that you object, we will use and disclose your name, location, general condition, and religious affiliation in a hospital directory. This information may be provided to members of clergy and, except for religious affiliation, to other people who ask for you by name.

### Communication with Family

- Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

### Notification

- Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

### Research

- We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

### Disaster Relief

- We may use and disclose your protected health information to assist in disaster relief efforts.

### Organ Procurement Organizations

Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

### Food and Drug Administration (FDA)

- We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

### Workers Compensation

- If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

### Public Health

- As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

### Abuse & Neglect

- We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

### Employers

- We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

### Correctional Institutions

- If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

### Law Enforcement

- We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

### Health Oversight

- Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

### Judicial/Administrative Proceedings

- We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

### Serious Threat

To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

### For Specialized Governmental Functions

- We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

### Coroners, Medical Examiners, and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of Covered Entities to funeral directors as necessary for them to carry out their duties.

### Other Uses

- Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights"