

## **Notice of Patients' Privacy Rights**

The notice of privacy practices is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you or your legal dependent (as a patient of this practice) may be used and disclosed, and how you can access your own personal identifiable health information.

### **Our commitment to your privacy:**

Our practice is dedicated to maintaining the privacy of your **Protected Health Information (PHI)**. To keep our business running smoothly, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of this information. We also are required by law to provide you with this notice of privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of this Notice of Patient's Privacy Rights ("Notice") that we have in effect at the time.

While these laws are complicated, we are required to provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights
- Our obligations concerning the use and disclosure of your PHI

These terms apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revisions or amendments affect all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. A copy of our current Notice is available in our office, and you may request a copy at any time.

**Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency in order to maintain compliance with the law. Oversight activities can include, for example, investigations, inspections, or audits, surveys.

**Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order if it has been found to be of interest in a lawsuit or similar proceeding. In these cases, we will make every effort to inform you of our obligation to release your information.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement official with a proper warrant.

**Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information to funeral directors.

**Organ and Tissue Donation.** Our practice may release your PHI to organizations that handle organ, eye, or tissue donations, if you are an organ donor.

**Research.** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain written authorization to use your PHI for research purposes.

**Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Military.** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans), if required by the appropriate authorities.

**Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official so that you may continue to receive care, and to ensure security of the institution and other individuals.

**Workers' Compensation.** Our practice may release your PHI for workers' compensation and similar programs.

### **Your rights regarding your PHI:**

You have the following rights regarding the PHI that we maintain about you:

**Confidential Communication.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work.

**Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to give permission to individuals/third-parties to contact the Practice on your behalf that would be involved in your care or the payment for your care, such as family members and friends. If we agree to these restrictions, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

**Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. Our practice may charge a fee for any costs associated with your request. If we deny your request, you may request a review of our denial. A third-party licensed healthcare professional chosen by us will conduct reviews.

#### **The different ways in which we may use and disclose your PHI:**

We may use and disclose your PHI in any of the following ways:

**Treatment.** Our practice may use your PHI to treat you. We may disclose your PHI to outside healthcare providers, pharmacies or laboratory facilities in order to provide you with quality treatment. We may also disclose your PHI to individuals who assist in managing your care, such as guardians or spouses. Within our practice, we may disclose your PHI to other members of our office so that they can assist in your treatment.

**Payment.** Our practice may use and disclose your PHI in order to collect payment from you, your health insurer, or third-party payees for the services and items we provide. We may also disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.

**Healthcare Operations.** Our practice may use and disclose your PHI to operate our business and better our processes. Our practice may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other healthcare providers and entities to assist in their healthcare operations.

**Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.

**Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

**Health-Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

**Disclosures Required by Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

#### **Use and disclosure of your PHI in certain special circumstances:**

The following categories describe unique scenarios in which we may use or disclose your PHI:

**Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate governmental agency(ies) and authority(ies) regarding the potential abuse or neglect of a n adult

patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete as long as the information is kept by or for our practice. Requests for amendments must include the reason(s) that support(s) your request. Our practice will deny your request if you fail to submit your request and reasoning in writing. We cannot make amendments to records containing PHI we have not created (unless the original party is unavailable), do not keep, is not available to you by law or that is already correct.

**Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. Your first request within a 12-month period is free of charge, after which our practice may charge you for additional requests within the same 12-month period. Our practice will notify you of additional costs, and you may withdraw your request before you incur any costs.

**Right to a Paper Copy of This Notice.** If you lose this Notice, you are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

**Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. Please note we are required to retain records of your care.

**All written requests, complaints and questions should be directed to:**

**Jeff W. Kilgore, DMD PC, 1919 Lathrop Street, Suite 211, Fairbanks, AK 99701**