

BREELAND ENDODONTICS

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 LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect (03/04/14), and will remain in effect until we replace it.

We may change our privacy practices at any time as allowed by state and federal law. If we make a material change in those practices, we will amend this Notice and make the new Notice available on request. Any changes will apply to all PHI. To request a copy of our Notice or for more information, please contact us using the information at the end of this notice.

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Federal law does not require us to obtain consent to use or disclose your PHI for treatment, payment and health care operations. For example, we may use or disclose your PHI to another health care professional to provide treatment to you. We may use or disclose your PHI to obtain payment for services we provide to you or to determine eligibility or coverage for services. For example, we may disclose your PHI to your dental insurance carrier. We may also use your PHI in connection with performance and operation of Breeland Endodontics. This includes quality assessment, licensure and credentialing activities, training, audits, legal services, administrative services, case management and care coordination, among other similar activities.

USES PURSUANT TO AN AUTHORIZATION

As permitted by federal and state law, we may disclose your PHI with your consent. You may generally revoke your consent in writing at any time to the extent we have not already relied on that consent. It is understood that such consent may authorize the release of information to which you have not had access or to information that has not been generated at the time of the execution of the release.

FURTHER DISCLOSURES

Federal and state law does not require patient consent for certain disclosures. Those include, but are not limited to:

1. Child abuse: We must report to the local Department of Social Services information that leads us to reasonably suspect child abuse or neglect. We must also comply with a request from the Director of the Department of Social Services to release records relating to a child abuse or neglect investigation.
2. Adult abuse: We must report to the local Department of Social Services information that leads us to reasonably suspect that a disabled adult is in need of protective services.
3. Judicial/Administrative proceedings: We must comply with an appropriately issued court order or subpoena requiring that we release your PHI.
4. Serious threat to health or safety: We may disclose your PHI to protect you or others from a serious threat of harm.
5. Worker's Compensation: Under certain circumstances, we may disclose your PHI in connection with a Worker's Compensation claim that you have filed.
6. As required by law: There may be instances where either federal or state law requires that we release your PHI.
7. Appointment reminders: We may also use your PHI to remind you about appointments or to provide you information concerning rescheduling your appointment.
8. Family members involved in your care or in payment for your care: We may disclose your PHI to a person to the extent necessary to help with your health care or with the payment for your health care as permitted by law.
9. Sale of PHI: We may disclose your PHI in a transaction that will result in remuneration to us only as allowed by applicable law.

**EXCEPT AS PERMITTED BY APPLICABLE LAW AND EXCEPT AS DESCRIBED
HEREIN, OTHER DISCLOSURES OF YOUR PHI REQUIRE YOUR CONSENT.**

YOUR PRIVACY RIGHTS

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing. (Describe how the patient may obtain the written request document and to whom the request should be directed, i.e. practice manager, privacy officer.)

ACCESS

You have the right to see/inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. If requested we will provide you a copy of your records in an electronic format or the format you request unless we cannot practicably do so. There are some exceptions to records, which may be copied, and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records and staff time.

RESTRICTION

You have the right to request a restriction of your protected health information. You can request and receive confidential communications of PHI by specified means and at alternative locations. 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. ***There is one exception: we must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law. The term "health plan" includes your dental insurance carrier. ***

AMENDMENT

You may request an amendment of PHI so long as we maintain that PHI in our records. Federal law does not require us to agree to each such request.

DISCLOSURE ACCOUNTING

You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. 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.

ELECTRONIC NOTICE

You have the right to obtain a paper copy of this notice from us upon request, even if you have received this notice electronically.

NOTIFICATION

You have the right to be notified following a breach of unsecured PHI as required by applicable law.

A. 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 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 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.

Contact Officer: Dr. Nona I. Breeland / Mallorie Warren

Telephone: 919-967-1776

Fax: 919-967-1990