

Enhance Dental Care of Lawrence

NOTICE OF PRIVACY PRACTICES

Patrick O. Moriarty D.D.S.
3514 Clinton Parkway, Suite G
Lawrence, Kansas 66047
(785)832-2882

THIS NOTICE DESCRIBES HOW MEDICAL 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 & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information. We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices. We also have legal obligations to notify you in the event of a breach of unsecured health information.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. This Notice of Privacy Practices takes effect 09/29/2016, and remains in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice of Privacy Practices at any time, provided such changes are permitted applicable by law. We reserve the right to make any changes in our privacy practices effective for all health information that we maintain, including health information we created or received before we made the changes. We will provide you with a copy of the revised Notice of Privacy Practices through our website, mailing you a copy, or providing a copy at your next appointment with us. You may request a copy of our current Notice of Privacy Practices at any time.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Treatment: We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist within or outside our office providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. Payment activities include billing, collections, claims management, eligibility and coverage, an insurance company or another third party.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Appointment Reminders and Other Contacts: We may disclose health information in the course of leaving phone messages, appointment reminders via phone messages, postcards, or letters. We also may use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Your Family, Friends and Representatives: We may use or disclose health information to notify or assist in the notification of a family member, domestic partner, close personal friend, your personal representative, an entity assisting in a disaster relief effort, or another person responsible for or involved in your care. If you are present,

prior to use or disclosure of health information we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity, your death, or in emergency circumstances, if deemed appropriate based upon our professional judgment, we will disclose health information that is directly relevant to the person's involvement in your care. We may inform such person(s) of your location, your general condition, or death. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to obtain prescriptions, medical supplies, x-rays, or other similar forms of health information on your behalf. We will not disclose health information to such an individual if doing so would be inconsistent with any of your prior wishes that are known by us.

Required by Law: We may use or disclose your health information when we are required to do so by law. Such circumstances include, but are not limited to, compliance with a court or administrative order, mandatory reporting due to serious or imminent threats to the public, child abuse or neglect, in response to government agency audits or investigations, and reporting disclosures to the Secretary of the Department of Health and Human Services as necessary for the purpose of investigating or determining our compliance with HIPAA and Health Information Technology for Economic and Clinical Health Act (HITECH) rule.

Coroners, Medical Examiners and Funeral Directors: We may release health information to coroners or medical examiners as necessary, for such purposes as identifying a deceased person or determining the cause of death. We also may release health information to funeral directors as necessary for their duties.

National Security: Under certain circumstances, we may disclose health information to military authorities. We may disclose health information to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities. Under certain circumstances, we may disclose health information to a correctional institution or law enforcement official whom you are in lawful custody.

Data Breach Notification Purposes: We may use or disclose your health information to provide legally required notices of unauthorized access to or disclosure of your health information.

YOU MAY PROVIDE ADDITIONAL AUTHORIZATION

Sale: We may only use or disclose your health information in a manner that constitutes a sale of information if you authorize us to do so. Your authorization may be revoked in writing at any time. Revocation of authorization will not affect any use or disclosures permitted by your authorization while it was in effect.

To Others upon Your Specific Authorization: In addition to our use of health information as described in the Notice of Privacy Practices, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. If the practice maintains any psychotherapy notes, they will not be released unless you sign an authorization or if otherwise required by law. Consistent with the Genetic Information Nondiscrimination Act (GINA), our practice will not use or disclose your genetic information to insurance providers or others for underwriting purposes.

PATIENT RIGHTS

Access: You have the right to inspect and receive copies of your health information, or to receive your health information electronically, with limited exceptions. You may also request that we prepare a summary or an explanation of your health information. If we maintain your health information in electronic format, you may request to view your health information in that format. You may request that we provide copies or the summary in a format other than photocopies. We will use the format you request unless it is not practical. To obtain copies or a summary, you must make a request in writing and provide us a reasonable amount of time

to respond, generally thirty (30) days. You may send a letter to or request a form from us using the contact information listed at the end of the Notice of Privacy Practices.

Disclosure Accounting: You have the right to receive a list of instances, if any, in which we or our business associates or their subcontractors disclose your health information for purposes other than treatment, payment, healthcare operations, and other permitted uses as described in this Notice of Privacy Practices, for the last 3 years. 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. You have the right to request such an accounting in an electronic format.

Restrictions: You have the right to request that we place additional restrictions on our use or 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 emergency circumstances.

Electronic, Alternative or Confidential Communication: You have the right to request, in writing, that we communicate with you about your health information by alternative means, such as, in electronic format, or to alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation regarding how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request, in writing, that we amend your health information. Your request must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice of Privacy Practices on our website or by e-mail, you are entitled to receive a copy in written form.

QUESTIONS AND COMPLAINTS

If you have any concerns 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 or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may contact us using the information listed below.

In addition, you may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the contact information for filing a complaint 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.

If you would like additional information regarding our privacy practices, or if you have questions or concerns, please contact us as indicated below.

Privacy Official: Cindy Davidson

Address: 3514 Clinton Parkway, Suite G, Lawrence, KS 66047

Telephone: 785-832-2882

Fax: 785-832-1994

Email: cindyd@enhancedentalcare.net