

New Brighton Family Dentistry

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 THIS CAREFULLY. PRIVACY OF HEALTH INFORMATION IS IMPORTANT TO US.

Our legal Duty

We are required by a federal law, Health Insurance Portability & Accountability Act of 1996 (“HIPAA”), to maintain the privacy of your personal health information. This law and its recent amendment, requires all health information used or disclose by us in any form (electronically, on paper, or orally) is kept confidential. This Act gives you, the patient, the right to understand and control how your personal health information (“PHI”) is used. HIPAA provided penalties if personal health information is misused.

This Notice explains how we will maintain the privacy of your health information, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice. This Notice takes effect 4/1/2013 and remains in effect until we replace or change it.

We reserve the right to change our privacy practices and the terms of our Notice at any time as permitted/required by law. These changes will be effective for all health information that we maintain, including health information we created or received before we changed the Notice. Before we make a significant change in our privacy practices, we will change this Notice and post the new Notice in our office, and we will provide it to you if requested.

Please contact us (information provided at the end of this notice) for more information or if you wish to have a copy of this Notice.

What is Personal Health Information or PHI?

Personal Health Information is also referred to as Protected Health Information. It includes your name, social security number, address, and birth date. It also includes medical history, test and laboratory results, insurance information and other data collected to identify an individual and determine appropriate care.

Uses and Disclosures of Health Information

We may use and disclose your protected health information for the following purposes ONLY:

- **Treatment:** This includes providing, coordinating and managing dental care and related services. For example, we may disclose your health information to a specialist dentist or your physician.
- **Payment:** this includes obtaining reimbursement for services provided, confirming coverage, billing, or collections activities. For example, we may send claims to your dental health plan containing certain health information.
- **Healthcare Operations:** This is the business side of our practice and includes quality assessment and improvement activities, auditing functions such as reviewing the competence or qualifications of our staff, conducting training programs, and conducting accreditation activities. An example would be patient survey cards.
- **Law enforcement and other legitimate reasons:** Examples of this would include an investigation of abuse or neglect, identification of a deceased person or cause of death; and activities related to national defense. We will try to assure confidentiality to the extent possible.

- **Other instances:** This includes communication with family, relatives, or close personal friends in an emergency; communication with the Food and Drug Administration regarding adverse events with respect to the products and product defects; and communications pursuant to Workers' Compensation laws.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may interest you.

Any other uses and disclosures of your PHI will be made only with your written authorization under certain circumstances. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your PHI:

- The right to request restriction on the uses and disclosures of your PHI to carry out treatment, payment or health care operations: and the disclosures of your PHI to your family members, relatives, close personal friends or any other persons identified by you. We are, however, not required to honor a restriction request except in limited circumstances which we shall explain to you if you ask. If we do agree to the restriction, we must abide by it unless and until the restriction agreement is terminated in writing by either party or in an emergency situation.
- The right to reasonable requests to receive confidential communications of PHI by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

You have recourse if you feel that your privacy rights have been violated by our office. You have the right to file a formal, written complaint with New Brighton Family Dentistry and with the Department of Health and Human Services, Office of Civil Rights with the information below. We will not retaliate against you for filing a complaint. Feel free to contact the Practice Compliance Officer for more information, in person or in writing. Contact information is:

New Brighton Family Dentistry
Practice of General Dentistry
Attention: Petra Powers- Practice Compliance Officer
2459 15th Street NW, Suite C
New Brighton, MN 55112
Phone #: 651-631-3100

Department of Health and Human Services
Office of Civil Rights
200 Independence Ave. SW
Washington, D.C., 20201
Phone #: 1-877-696-6775
<https://www.HHS.gov>

Thank you.