

HIPAA Notice of Privacy Practices

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 Dental Practice Covered by this Notice

This Notice describes the privacy practice of All Grins 4 Kids. "We" and "our" means the Dental Practice. "You and "your" means our patient.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you and your child, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your dentist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing dental care services to you, to pay your dental care bills, to support the operation of the dental practice, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your dental care and any related services. This includes the coordination or management of your dental care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. For example, your PHI may be provided to a physician or dentist to whom you have been referred to ensure that the physician or dentist has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your dental care services. For example, obtaining approval for dental care may require that your relevant PHI be disclosed to the dental plan to obtain approval for the necessary services.

Healthcare Operations: We may use or disclose, as-needed, your PHI in order to support the business activities of our dental practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of dental students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to dental school students that see patients at our office. In addition, we may use a sign-in sheet or computer at the registration desk where you will be asked to sign your name and indicate your dentist or hygienist. We may also call you by name in the waiting room when your dentist or hygienist is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may use email, text messaging or fax to communicate with you. If you do not want electronic communications, you may request in writing to not receive electronic communications.

We may use or disclose your PHI in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers' Compensation; Inmates; Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures will be made Only with Your Consent, Authorization or Opportunity to object unless required by law.

2. You may revoke this authorization, at any time, in writing, except to the extent that your dentist or the dental practice has taken an action in reliance on the use or disclosure indicated in the authorization.

3. Your Rights: The following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your dentist is not required to agree to a restriction that you may request. If your dentist believes it is in your best interest to permit use and disclosure of PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive a copy of confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

You may have the right to have your dentist amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us. In response to this request, we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

4. As described in The Breach Notification Rule that is part of the HITECH Act of 2009, our office will notify all responsible parties of any breach of unsecured protected health information.

5. We reserve the right to change the terms of this notice and will inform you at your next dental appointment of any changes. You then have the right to object or withdraw as provided in this notice.

6. Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint.

We will not retaliate against you for filing a complaint.

8. How to Contact Us/Our Privacy Official

If you have any questions or would like further information about this Notice, you can either write to or call the Privacy Official for our Dental Practice:

Dental Practice Name	All Grins 4 Kids
Privacy Official for Dental Practice:	Joy Warren
Dental Practice mailing address	317 Tamarack Lane Shiloh, IL 62269
Dental Practice email address	officemanager@allgrins4kids.com
Dental Practice phone number:	618-628-4400

This notice was published and becomes effective on/or before **April 14.2003.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

**ACKNOWLEDGMENT OF RECEIPT OF
HIPAA NOTICE OF PRIVACY PRACTICES
("Acknowledgement")**

I acknowledge that I have received a copy of this Dental Practice's **HIPAA Notice of Privacy Practices**.

Patient Name (Please Print)

Patient Signature

Date

OR

Signature of Personal Representative

Authority of Personal Representative to sign for patient (check one):

Parent Guardian Power of Attorney Other

Please Note: It is your right to refuse to sign this Acknowledgment.

Dental Office Use Only

I tried to obtain written Acknowledgement by the individual noted above of receipt of our Notice of Privacy Practices, but it could not be obtained because:

An emergency prevented us from obtaining acknowledgement.

A communication barrier prevented us from obtaining acknowledgement.

The individual was unwilling to sign.

Other:

Staff Member Signature

Date