

HIPAA PRIVACY: NOTICE OF PRIVACY PRACTICES

Purpose: This form, Notice of Privacy Practices, presents the information that federal law requires us to give our patients regarding our privacy practices. *Note: this form may need to be changed to reflect the dental practices particular privacy practices and/or stricter state laws.

We must provide this Notice to each patient beginning no later than the date of our first service delivery to the patient including services delivered electronically, after April 12, 2003. We must make a good-faith attempt to obtain written acknowledgement of receipt of this Notice from the patient. Whenever this notice is revised, we must make it available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute this Notice to each new patient at the time of service delivery and to any person requesting a Notice. We must also post the revised Notice in our office as discussed above.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS FORM 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 on July 7, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain including health information we created or received before we made the changes. Before we make any significant changes in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider(s) providing treatment to you.

Payment: We may use or disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use or disclose your health information in connection with healthcare operations which include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluation of practitioner and provider performance, conduction training programs, accreditations, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give authorization, you may revoke it, in writing, at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or payment for your healthcare, but only if you agree that we do so.

Persons Involved in Care: We may use or disclose your health information to notify or assist in the notification (including identifying or locations) of a family member, your personal representative or another person responsible for your care of your location, general condition or death. If you are present, then prior to our use or disclosure of your incapacity or emergency circumstances, we will disclose your health information based on a determination using our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information.

Marketing Health-Related Services: We will not use or disclose your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information in the event that we are asked to do so by law.

Abuse or Neglect: We may use or disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

National Security: We may disclose to military authorities the health information for Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institutions or law enforcement offices having lawful custody of protected health information of inmates or patients under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders.

PATIENT RIGHTS

Access: You have the right to view or obtain additional copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. If you request copies, we will charge you 10 cents for each page and a \$10.00 per hour staff time to locate and copy your health information. Postage will also be charged if you request the copies to be mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for the purposes other than treatment, payment, healthcare operations and certain other activities for the past six (6) years but not before April 14, 2003. If you request this accounting more than once in a twelve (12) month period, we may charge you a reasonable cost-based fee for providing your health information. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

Restriction: 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 (unless in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location(s) and provide satisfactory explanation of how payments will be handled under the alternative means or location(s) you request.

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

QUESTIONS AND COMPLAINTS

If you would like additional information regarding our privacy practices or have any questions or concerns, please contact us using the information provided below.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we may have made regarding access to your health information, or in response to a request you made to amend or restrict the use and disclosure of your health information, or to have us communicate with you by alternative means or at an alternative location(s), you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complain to the U.S. Department of Heal and Human Services (HHS). We will provide you with the address and contact information to file your complaint with HHS upon request.

We support the 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 HHS.

CONTACT INFORMATION

Grayhawk Dental Associates (Mitchell Cooper, DDS)
7900 East Thompson Peak Parkway, Suite 102
Scottsdale, Arizona 85255

Phone: (480) 994-4327 **Fax:** (480) 515-9233