

# Charles S. McElfish, D.D.S.

10 Hunt Club Plaza | Ridgeley, WV 26753 | Phone (304) 726-4562 Fax (304) 726-7244

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## **Notice of Privacy Practices**

**This notice describes how health information about you may be used and disclosed and how you get access to this information.**

**Please review it carefully. The privacy of your health information is important to us.**

### **Uses and Disclosures of Health Information by Our Office**

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 providing treatment to you.

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

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualification of healthcare professionals, evaluating practitioner, and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Required by Law:** We may use or disclose your healthcare information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are the victim of abuse, neglect, 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 of 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 officials having lawful custody of protected health information of inmate or patients under certain circumstances.

**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 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. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

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

**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 with payment for your healthcare, but only if you agree that we may do so.

**Other Persons Involved In Care:** We may use and disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with the opportunity to object to such uses and disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly related to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practices to make reasonable inferences of your best interest in allowing a person to pick up prescription orders, medical supplies, x-rays, or other similar forms of health information.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, text messages, emails, postcards, or letters).

## **Your Patient Rights**

**Access to Your Health Information:** You have the right to look at or get 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 your 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. We will charge a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a written letter to the address at the end of this Notice. If you request copies, we will charge you \$0.50 for each page, \$15.00 for staff time to locate and copy your health information, and postage if you want the copies mailed. If you request an alternate format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. 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 (except 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, and provide satisfactory explanation how payments will be handled under the alternative means or location 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.

**Electronic Notice:** If you receive this Notice by electronic mail (email), you are entitled to receive this Notice in written form.

## **Our Legal Duty to Our Patients**

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 took effect 04/16/2003, 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 the 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 these changes. Before we make significant change 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.

## **Individuals May Complain**

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 may also 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. 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 the U.S. Department of Health and Human Services.

## **Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us.

Contact Officer: Melissa McElfish  
Telephone: (304) 726-4562  
Fax: (304) 726-7244  
Address: 10 Hunt Club Plaza  
Ridgeley, WV 26753

For more information about HIPAA or to file a complaint contact:

The U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue SW  
Washington, DC 20201  
(202) 619-0257  
Toll Free: (877) 696-9775

**Effective Date:** This Notice takes effect 4/16/2003, and will remain in effect until we replace it.