

Zachary Currie, DDS, dba EDGEWOOD FAMILY DENTISTRY

This notice is being provided to you to ensure our compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. We support the effort to protect patient confidentiality and the security of individual health information. This notice also describes how medical, including dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.
This notice is effective as of : April 2013

1. *Statement of Our Duties*

We are committed to maintaining the privacy of your personal health information and to comply with all state and federal privacy laws. The purpose of this Privacy Notice is to inform you of our privacy practices and legal duties. We are required to:

- maintain the privacy of protected health information;
- provide you with this notice of our legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to your requested restriction on how your information is used or disclosed;
- accommodate reasonable requests that you may make to communicate health information by alternative means or at alternative locations; and
- obtain your written authorization to use or disclose your health information for reasons other than those identified in this notice and permitted under law.

We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain. Revised notices will be provided to you by mail.

2. *Statement of Your Rights*

You have a right to know how we may use or disclose your personal health information. This notice informs you of those uses and disclosures. There are certain uses and disclosures of your personal health information that we are permitted or required to make by law without your permission. For all other uses and disclosures, we first must obtain your permission. In addition, you have the following rights:

- The right to request that we place additional restrictions on our uses and disclosures of your personal health information. However, we are not obliged to agree to follow any such additional restrictions.

We do not have to agree upon requests for restricted disclosure when providing you with treatment.

You may ask for a restriction on uses and disclosure of your information, (if under these two circumstances; requesting the practice not to disclose information about a health care item or service to a health plan for payment of health care operations purposes the practice has been paid in full for the item or service by the patient or by another on behalf of the patient.)

- The right to access, inspect and copy your protected health information which we maintain in our files about you, and the right to have us correct or amend any information that we create in error.
- Requests to access or amend you health information should be sent to the contact person and address provided in Part 8 of this notice. We have the right to charge you for this service.
- The right to receive an accounting of our disclosures of your personal health information that we make for purposes other than activities related to your treatment, payment functions or other health care operations.
- The right to request that you receive communications of personal health information in a confidential manner.

3. *Information We Collect About You*

We collect the following categories of information about you from the following sources:

- Information that we obtain directly from you, in conversations or forms that you fill out.
- Information that we obtain as a result of your treatment in this office.
- Information that we obtain from your medical or dental records or other related professionals.
- Information that we obtain from other entities, such as health care providers or insurance companies, in order to carry out healthcare operations.

4. *Permissible Uses and Disclosures of Protected Information*

Carry Out Treatment Functions. We may use or disclose your health information without your permission in order for other health providers, including laboratories to provide you with treatment.

-To Carry Out Payment Functions. We may use or disclose your health information without your permission to carry out activities relating to obtaining payment for the provision of health care, determining coverage, and accessing your benefits under the insurance that you have.

-To Carry Out Certain Operations Relating to Your Healthcare. We also may use or disclose your protected health information without your permission to carry out certain limited activities including reviewing competence or qualifications of healthcare professionals, conducting quality assessment activities, conducting training, accreditation, certification, licensing or credentialing activities.

-In Situations Permitted or Required By Law. We also may use or disclose your protected health information without your written permission for other purposes permitted or required by law, including the following:

-As authorized by and to the extent necessary to comply with workers compensation or other no-fault laws.

-To a health oversight agency for activities including audits or civil, criminal or administrative proceedings.

-To a public health authority for, purposes of public health activities (such as to the Food and Drug Administration to report consumer product defects).

-To a law enforcement official for law enforcement purposes or in response to a court order or in the course of any judicial or administrative proceeding.

-For approved research purposes

-To a government authority, including a social service or protective services agency, authorized to receive reports of abuse, neglect or domestic violence.

-For Purposes for Which We Have Obtained Your Written Permission. All Other uses or disclosures such as marketing services of your protected health information will be made only with your written permission, and you must submit a written request to revoke any permission you give us at any time.

5. *Complaints About Misuse of Health Information.*

You may complain either directly to us or to the Secretary of Health and Human Services if you believe that your rights with respect to our protection of your health information have been violated. You may file a complaint with us by submitting a complaint in writing to the address shown in Part 8 that includes as many details (such as names and dates) as possible. You *will* not be retaliated against in any way for filing a complaint.

-Under the circumstances we knowingly share of unsecure patient information, by law we are required to inform you following the "compromised standard" rule.

-Should a non-consenting disclosure of personal information occur, you will be notified.

6. *Our Practices Regarding Confidentiality and Security*

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide our health care or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.

7. *Our Policy Regarding Dispute Resolution*

Any controversy or claim arising out of or relating to our privacy policy, or the breach thereof, shall be settled by arbitration in the state courts, in accordance with the rules of the American Arbitration Association and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

8. *Person For Filing Complaint or Obtaining Further Information*

If you have any questions or complaints, please contact: Contact

Name of Contact Person:

Office Manager

Name of Practice:

Zachary Currie DDS, dba Edgewood Family

Dentistry, PC.

Address:

P O Box 2560 Edgewood, NM. 87015

Telephone Number:

505-281-0373

Office for Civil Rights

U.S. Department of Health and
Human Services

200 Independence Avenue, SW.
Room 509F, HHH Building
Washington, D.C. 20201

OCR Hotlines-Voice: 1-800-368-1019