

Notice of Privacy Practices

This notice describes how dental/medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program requiring all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, written or oral be properly kept confidential. This Act gives you, as a patient, significant new rights to understand and control how your personal health information is used. HIPAA provides penalties for covered entities that misuse your health information.

As required by this Act, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your dental/medical information only for each of the following purposes: treatment, payment and health care operations.

***Treatment** – means providing, coordinating or managing health care and related services by one of more health care providers. An example of this would include an oral examination of a procedure performed on a tooth.

***Payment** – means such activities as obtaining reimbursement for services, confirming coverage, collection activities and utilization review. An example of this would be submitting a claim form on your behalf to your insurance company.

***Health Care Operations** – include the business aspects of running or practice, such as conducting quality assessment and improvement activities, auditing functions, cost management, analysis and customer service. An example of this would be accounts receivable or overhead analysis with our accountants.

We may also create and distribute re-identified health information by removing all references to individually identifiable information. An example would be statistical studies relating to the frequency of certain procedures in the population. We may contact you to provide appointment reminders or information about treatment or other health-related benefits and services that may be of value to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing also, and we are obligated to honor that request, except to the extent that we have already taken actions relying on your prior authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Office, Dr. Rob M. Safrit II:

- The right to request restrictions on certain uses and disclosures of the protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are not however, required by this Act to agree to a requested restriction, but if we do agree, we must abide by that agreement, unless and until you release us in writing.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information, except that official treatment records (records demoting dates and particulars of care) may not be altered. These are sometimes subpoenaed in legal proceedings.
- The right to obtain a paper copy of this notice at your first or any subsequent service delivery date after April 14, 2003.

This notice is effective as of April 14, 2003 and will remain as written until such time as we may determine a need to change its terms. A current copy of this notice will be kept in a folder in our reception area and will be marked for easy identification. You may request an updated copy for personal use at any time.

You have recourse if you feel that your privacy protections have been violated. You may file a formal, written complaint with us at your official address (see below) or with the Department of Health & Human Services, Office of Civil Rights about violations of the provisions of this notice or the policies and procedures of this office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Privacy Officer

Rob M. Safrit II, DMD, PA

400 Memorial Drive Extension, Suite 400

Greer, South Carolina 29651

(864)908-3221

To file a complaint:

The US Dept of Health & Human Services

Office of Civil Rights

200 Independence Avenue, SW

Washington, DC 20201

(202) 619-0257 or Toll free (877) 696-6775