

## Notice of Privacy Practices



THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

### **Our Legal Duty**

We are required by law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We will follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect July 9, 2013, 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, and the new terms of our Notice will be effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and provide the new Notice at our practice location, and we will distribute it 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.

**Your Authorization:** In addition to our use of your health information for the following purposes, 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.

---

### **Uses and Disclosures of Health Information**

We use and disclose health information about you without authorization for the following purposes.

**Treatment:** We may use or disclose your health information to provide, coordinate, and manage healthcare and related services for you. For example, we may disclose your health information to a general dentist or specialist to whom you have been referred to ensure the provider has enough information to diagnose and/or treat you. We may disclose information to a laboratory or physician that, at our request, becomes involved in your treatment.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. For example, we may send claims to your dental insurance company containing certain required health information. We will also share your information with business associates that perform specific functions for our practice, such as billing.

**Healthcare Operations:** We may use and disclose your health information to conduct the business activities of this office. These operations include, but are not limited to, quality assessment and improvement activities, reviewing the performance and qualifications of employees, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. Conducting daily operations also includes using a sign-in at the registration desk where you will be asked to sign your name, calling your name in the waiting room when we are ready to begin treatment, and providing reminder calls, emails, or text messages. If you are not available, a message may be left on your voice mail or with another member of your household.

**To You Or Persons Involved In Care:** 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 or other person to the extent necessary to help with your health care or with payment, but only if you agree. If we determine that it is in your best interest based on our professional judgment and experience with common practice, we may allow another person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

We may use or disclose health information to notify, or assist in the notification of 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 prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures.

**Disaster Relief:** We may use or disclose your health information to assist in disaster relief efforts when deemed appropriate.

**Required by Law:** We will use or disclose your health information when we are required to do so by law or for legal proceedings.

**Public Health and Public Benefit:** We may use or disclose your health information for public health reasons, including reporting abuse, neglect, or domestic violence; reporting disease, injury, and vital statistics; reporting certain information to the Food and Drug Administration

(FDA); alerting someone who may be at risk of contracting or spreading a disease; for health oversight activities; for certain judicial and administrative proceedings; for certain law enforcement purposes; to avert a serious threat to health or safety; and to comply with workers' compensation or similar programs.

**National Security:** When appropriate conditions apply, we may disclose to military authorities the health information of Armed Forces personnel. We may also disclose health information to authorized federal officials when required for intelligence activities and other national security activities. We may also disclose protected health information of an inmate or patient under certain circumstances to a correctional institution or law enforcement official having lawful custody.

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

---

## Your Rights

Your rights with respect to your protected health information are outlined below.

**You have a right to obtain access to your health information and request copies:** Health information includes treatment records, billing records, and any other records used by us to make treatment decisions. You may request a form from our office to obtain access to these documents. A reasonable cost-based fee will be charged for expenses such as staff time, copies, and postage for copies requested of this information. Contact us using the information listed at the end of this Notice for information about our fees or if you have any questions about your access to health information.

**You have the right to request a restriction on the use or disclosure of your health information:** You may request that we refrain from disclosing some part of your information for purposes of treatment, payment, or operations. You may also request that we not disclose some part of your information to family and others involved in your care. In most cases we are not required to agree to these restrictions, but if we do, we are obligated to abide by our agreement except in cases of emergency. You may request a restriction by sending your request in writing to the contact listed below.

**You have the right to request to receive communications by alternative means or at alternative locations:** We will accommodate reasonable requests. Your request must specify the alternative means or location, and we may request explanation of how payments will be handled under the alternative means or location. Please make this request in writing to the contact listed below.

**You have the right to request an amendment to your health information:** Your request must be in writing with an explanation of why the information should be amended. In certain cases, we may deny your request.

**You have the right to receive an accounting of certain disclosures we have made, in any, of your protected health information:** This right applies to disclosures made by our Business Associates or us. It excludes disclosures for treatment, payment, or healthcare operations as described in this Notice, to you, family, or others involved in your care, for notification purposes or as a result of authorization signed by you. You have the right to receive specific information regarding these disclosures that occurred after July 9, 2013 for up to the previous 6 years. The right to receive this information is subject to certain exceptions, restrictions, and limitations. If you request an accounting more than once in a 12 month period, we will charge a reasonable cost-based fee for responding to your request.

**Electronic Notice:** You may receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically.

## **Questions and Complaints**

If you have any questions, concerns, or want more information about our privacy policy please contact us using the information below.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding access to your health information or any other request you made in the exercise of your rights, you may send your complaint to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. Contact us for the address of the Department of Health and Human Services.

We support your right to the privacy of your health information and will not retaliate in any way if you choose to file a complaint.

**Contact Officer:** Rhoads Orthodontic Specialist

**Telephone:** 724-742-2300     **E-mail:** smiles@RhoadsOrthodontics.com

**Address:** 132 Graham Park Dr. Suite 300 Cranberry Township, PA 16066