

LEON SPRINGS FAMILY DENTAL Notice of Privacy Protection Act

As a provider of medical services we are required by law, under the Health Insurance Portability and Accountability Act (HIPAA), to inform you of your rights to protect your personal health information, effective April 14, 2003.

OUR DUTY TO YOU:

As your dental provider we are doing everything within our control to maintain your records and information in a secure and private manner. We do reserve the right to change our policies with proper notice to you in advance. We will only release information about you and your treatment under specific circumstances, which include the following:

Treatment: We may use your information during the course of treatment. This includes releasing information to other dentists, physicians and other healthcare providers when treatment dictates necessary. Also know that our staff will have access to your information as extensions of our function as healthcare providers.

Payment: We may disclose personal information about you and your treatment to third party carriers and payment processing entities. This includes insurance carriers, claim clearinghouses, collection agencies and third party administrators such employee medical reimbursement accounts.

Operations: We may use your information in the course of everyday operations in our office. This may include but is not limited to quality assurance/ quality improvement reviews, credentialing, training and certification and accreditation activities.

Miscellaneous uses: At certain times we may be required to use your information for purposes other than as described above. Examples of these include: appointment reminders (cards, voice messages & e-mails), abuse/neglect, national security, family and friends (only to the extent for use in healthcare operations or payment).

YOUR RIGHTS:

Restrictions: You have the right to request or disclose usage. We are not required to accept these restrictions but we will make a note of the request and honor the request if reasonably applicable.

Access: You have the right to access your personal health information. Your request must be in writing and explain what should be amended and the rationale for such request.

Disclosures: You have the right to request a list of any unusual disclosures of your personal health information that fall outside the normal instances required to carry out treatment, payment or regular operations. We reserve the right to charge for the reproduction of documentation if requested more than once in a 12-month period.

Complaints: Please contact our office with any questions or complaints. If you feel that we have violated your privacy you may submit a written complaint to the US Department of Health and Human Services. We can provide you with the address upon request.