PERIODONTAL
SURGICAL
ARTS

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Protecting Your Confidential Health Information is Important to Us
This notice describes how your health information will be used, disclosed and how you can get access to this information. Please review carefully.

Our Promise!

Dear Patient,
This is not meant to alarm you! Quite the opposite! It is our desire to communicate to your that we are taking the Federal (HIPAA – Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We would not want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

So what has changed? Why a privacy now? That's a very good question!
The most significant variable that has motivated the Federal Government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and it use in health care. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computer but also with the phone, faxes, copy machines, charts and iPad's. We believe this has been an important exercise for us because it has disciplined us to put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal laws regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient.

We will use and communicate your HEALTH INFORMATION only for purposes of treatment, obtaining payment and conduction health care operations. Your health information will not be used for any purpose unless we have asked for and been voluntarily given written permission.

How your health information may be used to provided treatment
We will use your HEALTH INFORMATION within our office to provide you with the best dental care possible. This may include administrative and clinical procedures designed to optimize scheduling and coordinating of care between the dentist, dental assistant, and business office staff. In addition, we may share your health information with physicians, referring dentist, clinical and dental laboratories, pharmacies or other health care personnel providing you treatment.

To obtain payment
We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you through the mail or electronically. We will be sure to only work with companies with similar commitment to the security of your health insurance.

To conduct health care
Your health information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, health information may be included in training programs for students, interns, associates, and business and clinical personnel. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and certification, licensing or credentialing activities. **In patient reminders**
Because we believe regular care is very important to your general and oral health, we will remind you of a scheduled appointment or that it is time for you to contact us to make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family. These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best preventive and restorative care modern dentistry can provide. They may include postcards, letters, email, text messages and telephone reminders (unless you tell us that you do not want to receive these reminders).

Abuse and Neglect
We will notify government authorities if we believe a patient is a victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our judgment, when we believe we are specifically required or authorized by law or with the patient's agreement. **Public Health and National Security**
We may be required to disclose to Federal officials or military authorities health information necessary to complete when an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

For Law Enforcement
As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official during an investigation, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

Family, Friends and Caregivers
We may share your health information with those you tell us with be helping you with your home hygiene, treatment, medication, or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our best judgment when sharing your health information only when it will be important to those participating in providing your care.

Authorization to Use or Disclose Health Information
Other than is stated above or when Federal, State, or Local authorities require us, we will not disclose your health information other than with your written consent. You may revoke that consent in writing at any time.

The Patients Rights

This law is careful to describe that you have the following rights related to your health information.
Restrictions
You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patient.
Confidential Communications
You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family member present or through mailed correspondence that are sealed. We will make every effort to honor your reasonable request for confidential communications.
Inspect and Copy Your Health Information
You have the right to read, review, and copy your health information, including your complete chart, x-rays and billing notes. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.
Amend your Health Information
You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.
Documentation of Health Information
You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health operations. Our documentation procedures will enable us to provide information on health information usage from January 1, 2004 and forward. Please let us know in writing the time period for which you are interested. Thank you for limiting your request to no more than six times in a year. We may need to charge you a responsible fee for your request.
Request a Paper Copy of this Notice
You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call and we will mail a copy to you.

We are required by law to maintain the privacy of your health information and provide to you and your representative this **Notice of our Privacy Practices.** We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our **Notice**. If we change our privacy practices, we will be sure all of our patients receive a copy of the revised **Notice**.
You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.