



Notice of Privacy Covered Entities

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS COVERED ENTITY) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our covered entity is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy covered entities that we maintain in our covered entity concerning your IIHI. By federal and state law, we must follow the terms of the Notice of Privacy Covered Entities that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our covered entity. We reserve the right to revise or amend this Notice of Privacy Covered Entities. Any revision or amendment to this notice will be effective for all your records that our covered entity has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our covered entity will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Katy Danesi, 220 Bridges Rd. Simpsonville, SC 29681 864-675-6445

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your IHI.

1. **Treatment.** Our covered entity may use your IHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis.
2. **Payment.** Our covered entity may use and disclose your IHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IHI to bill you directly for services and items. We may disclose your IHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations.** Our covered entity may use and disclose your IHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our covered entity may use your IHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our covered entity. We may disclose your IHI to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders.** Our covered entity may use and disclose your IHI to contact you and remind you of an appointment.
5. **Treatment Options.** Our covered entity may use and disclose your IHI to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services.** Our covered entity may use and disclose your IHI to inform you of health-related benefits or services that may be of interest to you.
7. **Disclosures Required By Law.** Our covered entity will use and disclose your IHI when we are required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR IHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information.

1. **Public Health Risks.** Our covered entity may disclose your IHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices

- Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities.** Our covered entity may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our covered entity may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release IIHI if asked to do so by a law enforcement official:
- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct.
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. **Deceased Patients.** Our covered entity may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
6. **Research.** Our covered entity may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

7. **Serious Threats to Health or Safety.** Our covered entity may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
8. **Military.** Our covered entity may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
9. **National Security.** Our covered entity may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
10. **Inmates.** Our covered entity may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
11. **Workers' Compensation.** Our covered entity may release your IIHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our covered entity communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Katy Danesi, 220 Bridges Rd. Simpsonville, SC 29681 864-675-6445 specifying the requested method of contact, or the location where you wish to be contacted. Our covered entity will accommodate **reasonable** requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to:

Katy Danesi, 220 Bridges Rd. Simpsonville, SC 29681
 - (a) the information you wish restricted;
 - (b) whether you are requesting to limit our covered entity's use, disclosure or both; and
 - (c) to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Katy Danesi, 220 Bridges Rd. Simpsonville, SC 29681 864-675-6445 in order to inspect and/or obtain a copy of your IIHI. Our covered entity may charge a fee for the costs of copying, mailing, labor supplies associated with your request. Our covered

entity may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our covered entity. To request an amendment, your request must be made in writing and submitted to Katy Danesi, 220 Bridges Rd. Simpsonville, SC 28681 864-675-6445. You must provide us with a reason that supports your request for amendment. Our covered entity will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IHI kept by or for the covered entity; (c) not part of the IHI which you would be permitted to inspect or copy; or (d) not created by our covered entity, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our covered entity has made of your IHI for non-treatment, non-payment or non-operations purposes. Use of your IHI as part of the routine patient care in our covered entity is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Katy Danesi, 220 Bridges Rd. Simpsonville, SC 29681 864-675-6445. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our covered entity may charge you for additional lists within the same 12-month period. Our covered entity will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of This Notice.** You generally have the right to request and receive a list of the disclosures of your PHI that the Board has made at any time during the six (6) years prior to the date of your request (provided that such a list would not include disclosures made prior to April 14, 2003). The list will not include disclosure for which you have provided a written authorization, and will not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment, and health care operations, (ii) made to you, (iii) for the Board’s patient directory or to persons involved in your healthcare, (iv) for national security or intelligence purposes, or (v) to correctional institutions or law enforcement officials. You should submit any such request to the privacy officer. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), the Privacy Officer will respond to you regarding the status of your request. The Privacy Officer will provide the list to you at no charge. If you, however, make more than one request in a year, you will be charged a fee for each additional request.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our covered entity or with the Secretary of the Department of Health and Human Services. To file a complaint with our covered entity, contact the privacy officer. All complaints must be submitted in writing.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our covered entity will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IHI may be revoked at any time in writing.

After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Receipt of Notice of Privacy Policies
Written Acknowledgement Form

I, _____, have received a copy of
Providence Dental Group's Notice of Privacy Policy for review and I
understand that I can request a copy of this policy for my records.

Signature _____ Date _____