

Woodland Dental Care

Notice of Privacy Practices

THIS INFORMATION DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Woodland Dental Care is required by law to maintain the privacy of protected health information (PHI), to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on July 6, 2015, 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, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all PHI that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice 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.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Treatment: Use and disclose your PHI to another healthcare provider for your treatment. For example: consulting with a physician providing treatment to you.

Payment: Use and disclose your PHI to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example: we may send claims to your dental health plan containing certain health information.

Healthcare Operations: Use and disclose your PHI for our healthcare operations. For example, healthcare operations include quality assessment, improvement activities, training programs, and licensing activities.

Persons Involved with Care: Disclose your PHI to an individual that has been identified by you as being involved in your care or payment for care. If a person has the authority by law to make health care decisions for you, we will treat the patient representative the same way we would treat you with respect to your health information.

Appointment Reminders: Your PHI may be used to assist you with appointment reminders in the form of voicemail messages, postcards, or letters.

Public Health Activities: Disclose your PHI for public health activities. For example, public health activities include, prevent or control disease, injury, or disability; report abuse or neglect; report reactions to medications or problems with products or devices; notify a person of a recall, repair, or replacement of products or devices; or notify a person who may have been exposed to a disease or condition.

Disaster Relief: Use or disclose your PHI to assist in disaster relief efforts.

Required by Law: Use or disclose your PHI when required to do so by law.

National Security: Disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose information to authorized federal officials required by lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement having custody the PHI of an inmate or patient.

Secretary of HHS: Disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Worker's Compensation: Disclose your PHI to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement: Disclose your PHI for law enforcement purposes as permitted by HIPAA, required by law, or in response to a subpoena or court order.

Health Oversight Activities: Disclose your PHI to an oversight agency for activities authorized by law. Oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners, and Funeral Directors: Release your PHI to a coroner, medical examiner, or funeral director. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Judicial Proceedings: If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Other Uses and Disclosures of PHI: Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

YOUR HEALTH INFORMATION RIGHTS

Access: Right to look at or get copies of your PHI, with limited exceptions. The request may be done orally or in writing. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting: With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your PHI in accordance with applicable laws and regulations.

Restrictions: Right to request additional restrictions on our use or disclosure of your PHI. Your request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply. We are not required to agree to your request **except** in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you or a person on your behalf has paid our practice in full.

Alternative Communication: Right to request that we communicate with you about your health information by alternative means or at alternative locations other than the primary contact information you provided. Payment addresses must correspond to the address provided by the insurance company. If we are unable to contact you using the ways or locations you have requested, we may contact you using other information we have.

Amendment: Right to request that we amend your health information. Your request may be done orally or in writing. We may deny your request under certain circumstances. If we agree to your request, we will amend your record. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to Notification of a Breach: You will receive notifications of breaches of your unsecured PHI as required by law.

Electronic Notice: You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our web site or by email.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, or questions or concerns, please contact the dental office using the information provided below.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Person: Dr. Steven C. Rosenberger, DDS

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Address: 1133 Howdershell Rd., Florissant, MO 63031

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