

HIPPA NOTICE OF PRIVACY PRACTICES

(AS OF JANUARY 1, 2014)

NORTH SHORE FAMILY DENTISTRY, PLLC
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781.662.1999
COMPLIANCE OFFICER: ERIC SLADE

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment and health care operations, facilitate billing and payments, and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present and/or future health condition and health care related treatment.

US DEPARTMENT OF HEALTH & HUMAN SERVICES:

The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI):

Your PHI may be used and disclosed by the doctor(s) and our office staff and others outside of our office that are involved in your care and treatment for the purposes of providing health care services to you, to pay and collect your health care bills, to support the operations of the office and any other use permitted or required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, and/or manage your dental and health care related services. This includes the coordination or management of this information with a third party, including but not limited to your physician, a referring doctor, a specialist to whom we referred, a pharmacist regarding a prescription, etc. to ensure that the appropriate parties have the necessary information to diagnose and treat you. We will only work with companies who have a similar commitment in protecting your rights under HIPPA.

Payment: We will use and disclose your PHI as needed to coordinate, facilitate and collect payment for your dental and health care related services. For example, we may need to submit information related to your treatment in order for an insurance provider to process your dental claims. We may use your PHI for billing purposes or have a third party use your PHI to contact you regarding payments to our office.

Healthcare Operations: We may use or disclose, as needed, your PHI to support the business activities of our practice. The activities include, but are not limited to, quality assessment, employee review, training of staff, licensing, office audits by government officials or insurance companies, or any other activity required or permitted by law. For example we may use your PHI to remind you of scheduled appointments at the phone number, email, or address you provided. We may notify you when you are due for appointments or contact you regarding treatment options. We may require you to sign consent forms for procedures or complete patient intake forms.

Family, Friends & Caregivers: We may share your PHI with those who you have permitted us to because of their assistance with your home care, dental hygiene, scheduling appointments, etc. We will ask your permission before sharing PHI with any individual. In the case of an emergency we will exercise our best judgment in disclosing PHI and limiting to the individuals and information shared as it pertains to your care.

Emergent Circumstances: We may use or disclose your PHI without your authorization as permitted or required by law. These situations include but are not limited to: public health issues; legal proceedings; court subpoenas; law enforcement

requests; instances of suspected abuse, neglect, or domestic violence; suspicion of a threat to an individual or to the general public; military activity and matters of national security.

YOUR RIGHTS RELATED TO YOUR PROTECTED HEALTH INFORMATION (PHI):

You have the right to inspect and copy your PHI. Certain fees may apply when copying and/or mailing records. Under federal law, you may not inspect or copy any such PHI: restricted by law; compiled in reasonable anticipation of a civil, criminal, or administrative action or proceeding; information that if disclosed would result in harm or injury to you or another person; or information obtained under a promise of confidentiality.

You have the right to request a restriction of your PHI. You may ask us not to disclose, use, or share any part of your PHI and we must comply when the PHI pertains solely to a service for which your healthcare provider has been paid for, out of pocket, in full.

You have the right to request confidential communications. You can request confidential communication from our office via alternative means and/or at an alternative location. You can request that portions of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as previously described in this Notice of Privacy Practices.

You have the right to amend your PHI. If you feel your PHI is incomplete or inaccurate you can ask us to amend your PHI. Our office will be happy to accommodate this *request so long as the request is made in writing with a reason for the change*. Your request may be denied if our office did not create the PHI initially, is not part of our records, or if your records are determined to be accurate and complete as they are.

You have the right to ask us how and why your PHI has been used. This Notice and the Patient Registration Form document how we anticipate using your PHI, but you can request documentation of how your PHI has been used for *any reason other than for treatment, payment or health operations*.

You have the right to obtain a paper copy of this Notice of Privacy Practices from us. You may complain to the Secretary of Health & human Services if you believe your privacy rights have been violated by our office. You may file a complaint with us by notifying our Compliance Officer with a detailed account of your concerns. Our office will not retaliate against for filing such a complaint.

We are required by law to provide individuals with this notice of our legal duties and privacy practices with respect to PHI. We are also required to abide by the terms of the notice currently in effect. If you have any questions regarding this Notice or HIPPA compliance please notify our Compliance Officer.

By signing the acknowledgment of HIPPA section on our accompanying intake form you are agreeing that you have received or been given the opportunity to review this Notice and ask any questions regarding the information contained herein.