

Chapel Hill Pediatric Dentistry

Notice of Privacy Practices

This Notice describes how health information about you or your child may be used And disclosed and how you can get access to this information. Please review it Carefully. If you have any questions about this Notice please contact our office and Ask to speak to Teresa “Reesie” Empie, Privacy Contact.

This Notice of Privacy Practices describes how our office may use and disclose your protected dental/health information to provide treatment, obtain payment and conduct health care operations and for other purposes that are permitted or required by law. It also describes your rights to access your protected health information.” Protected dental/health information” is information about you or your child, including demographic information that may identify you or your child and relates to you and your child’s past, present, or future dental/health and related health care services.

We are required by law to follow the practices described in this Notice. We may change the terms of this Notice at any time. The new Notice will be effective for all protected dental/health information we maintain at that time. Upon your request, we will provide you with any revisions made to this Notice by mail or at the time of your child’s next appointment.

Uses and Disclosures of Protected Dental Health Information

Your protected dental health information may be used and disclosed by your physician, Office staff, and others outside of our office that are involved in your child’s care and Treatment for the purpose of providing dental/health care services to your child. You and your child’s protected dental/health information may also be used and disclosed to pay your health care bills and to support the operation of Chapel Hill Pediatric Dentistry.

Treatment: We will use and disclose you and your child’s dental/health information to Provide, coordinate or manage your child’s dental/health care and any related services. For example our office will disclose information to other dental/health care providers to whom your child has been referred, to ensure the provider has enough information to diagnose and/or treat your child. We may also disclose information to a laboratory that becomes involved in your treatment. Our office may also discuss minimal necessary information with a family member who has brought the child for their dental visit.

Payment: Our office may use and disclose you and your child’s information to obtain payment for services we provided to your child. For example, we will send the necessary information to your health and/or dental insurance company to obtain payment for the treatment provided.

Healthcare Operations: Our office will use and disclose you and your child’s dental/health information to conduct the business activities of this office. These activities include, but are not limited to, quality assessment and improvement activities, employee review activities, evaluating practitioner and provider performance, conducting training programs, licensing, accreditation, certification, and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk and call your child by their name in the waiting room when your dentist is ready to see your child. We may also use or

disclose your protected dental/health information, as necessary, to contact you to remind you or discuss your child's appointments and information pertaining to their appointments. We will share you and your child's protected dental/health information with business associates that perform specific functions for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of you and your child's protected dental/health information, our office will have a written contract that contains terms that will protect the privacy of your protected dental/health information. We may also use or disclose your protected dental/health information for marketing activities, such as our newsletter. In our newsletter, we may use your child's name when congratulating them on winning a prize or for stopping a habit.

Uses and Disclosures of Protected Dental/Health Information Based upon Your

Written Authorization: Other uses and disclosures of your protected dental/health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that Chapel Hill Pediatric Dentistry has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object

Emergencies: We may use or disclose you and your child's protected dental/health information in the event you or your child is incapacitated.

Required by Law: We may use or disclose you and your child's protected dental/health information to the extent that is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. By law, you will be notified of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. In addition, we may disclose you and your child's protected dental/health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease.

Health Oversight: We may disclose protected dental/health information to a dental/health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies include government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose you and your child's protected dental/health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity of agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose you and your child's dental/health information to a person or company required by the Food and Drug Administration to report adverse events, product defects and/or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements as required.

Legal Proceedings: We may disclose protected dental/health information in the course of any judicial or administrative proceedings, in response to an order of a court or

administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Military Activity and National Security: When the appropriate conditions apply, we may disclose, to military authorities, protected health information of individuals who are Armed Forces personnel. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

Your Rights

Your rights with respect to your protected health information and how you may exercise those rights are outlined below.

You have a right to obtain a copy and/or inspect your health information: Health information includes treatment records, billing records and any other records used by us to make decision about your treatment. You may obtain a form from our office to request access. A reasonable cost-based fee will be charged for expenses such as staff time, copies and postage. Contact us as indicated at the end of this Notice to obtain information about our fees or if you have any questions about your access.

You have a right to request a restriction on the use and disclosure of your protected health information: You may ask us not to use or disclose some part of your protected health information for the purposes of treatment, payment or operations. You may also request that we not disclose some part of your information to family and others who may be involved in your care or for notification purposes as otherwise described in this Notice. We are not required to agree to the restrictions but if we do, we are obligated to abide by the agreement except in cases of emergency. You may request a restriction by sending your request in writing to our Privacy Contact.

You have a right to request to receive confidential communications by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to request an amendment to your protected health information. You may request that we amend protected health information about you. Your request must be in writing with an explanation as to why the information should be amended. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures made by our

Business Associates or us. It excludes disclosures for treatment, payment or healthcare operations as described in this Notice of Privacy Practices, to you, to family members or friends involved in your care, for notification purposes or as a result of an authorization signed by you. You have the right to receive specific information regarding these disclosures that occurred April 14, 2003 for up to the previous 6 years. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. If you request an accounting more than once in a 12 month period, we will charge you a reasonable cost-based fee for responding to the additional request.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Questions and Complaints

If you have any questions, concerns or want more information about our privacy practices please contact us using the information below.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we have made regarding your access to your health information or any other request you have made in the exercise of your rights, you may send your complaint to us using the information below. You may also submit a written complaint to the Secretary of Health and Human Services.

We support your right to the privacy of your health information and we will not retaliate against you in any way for filing a complaint.

Contact our office: Chapel Hill Pediatric Dentistry

Contact Official: Teresa "Reesie" Empie

Phone: 929-0489 Fax: 933-3631 Website: www.bigsmlies4kids.com

Address:

205 Sage Road Suite#202

Chapel Hill, NC 27514

This notice was published and becomes effective on **December 1, 2006.**