

SOUTHERN DENTAL ARTS
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SUITE 204
RALEIGH, NC 27613
919.706.0565
INFO@SOUTHERNDENTALARTS.COM

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used by Southern Dental Arts and how you may obtain this information.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on August 1, 2013, 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 protected health information 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. We will provide copies of the new notice upon request.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

TREATMENT: We may use and disclose your PHI for your treatment. For example, we may disclose your health information to a specialist providing treatment for you.

PAYMENT: We may 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 health information.

HEALTHCARE OPERATIONS: We may use and disclose your PHI in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT OF YOUR CARE: We may disclose your PHI to your family or friends or any other individual identified and authorized by you when they are involved in your care or the payment of your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

DISASTER RELIEF: We may use or disclose your PHI to assist in disaster relief efforts.

REQUIRED BY LAW: We may use or disclose your PHI when we are required to do so by law.

PUBLIC HEALTH ACTIVITIES: We may disclose your PHI for public health activities, including disclosures to: 1. Prevent or control disease, injury or disability 2. Report child abuse or neglect. 3. Notify a person of a recall, repair, or replacement of products or devices. 4. Notify a person who may have been exposed to a disease or condition. 5. Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

NATIONAL SECURITY: We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody.

SECRETARY OF HHS: We will 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: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

LAW ENFORCEMENT: We may disclose your PHI required by law or in response to a subpoena or court order.

HEALTH OVERSIGHT ACTIVITIES: We may disclose your PHI to an oversight agency for activities authorized by law. The activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

JUDICIAL & ADMINISTRATIVE PROCEEDINGS: If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court order, subpoena, discovery request, or other lawful process instated by someone else involved in the dispute, but only if efforts have been made either by the requesting party or us to inform you about the request or to obtain an order protecting the information requested.

RESEARCH: We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may release your PHI to one of these if necessary to identify a deceased person or determine the cause of death.

YOUR HEALTH INFORMATION RIGHTS: You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Officer listed

below. Contact us using the contact information below to discuss our fee structure for this. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of the 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 the laws and regulations.

RIGHT TO REQUEST A RESTRICTION: You have the right to request additional restrictions on our use of disclosure of your PHI by submitting a written request to our Privacy Officer. We are not required to accept your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or healthcare operations, and the information pertains solely to a health care item or service for which you have paid our practice in full.

ALTERNATIVE COMMUNICATIONS: You have the right to request that we communicate with you about your PHI by alternative means. You must make your request in writing to the Privacy Officer.

AMENDMENT: You have the right to request that we amend your PHI. Your request must be in writing to the Privacy Officer. It must explain why you want the amendment. We will contact you with our decision.

RIGHT OF NOTIFICATION OF A BREACH: You will receive notification if your PHI was breached as required by law.

COMPLAINTS: You may contact our Privacy Officer listed below or the Secretary of Health and Human Services if you believe your privacy rights have been violated by our office. You may file a complaint with your office by notifying our Privacy Officer at the address/phone number listed below. We will not retaliate against you for filing a complaint.

OR

You have the right to file a complaint with your healthcare provider or the Office for Civil Rights, U.S. Department of Health and Human Services if you believe your provider has violated your right to see a copy of, or amend your medical records.

Complaints of HIPAA are handled by NC Office of Privacy & Security Division of NC Department of Human Services.

Our Privacy Officer: Lynn Oliver
Telephone: 919.706.0565 Fax: 919.706.0564
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Suite 204
Raleigh, NC 27613
info@southerndentalarts.com

BUSINESS ASSOCIATES: Our dental office will obtain satisfactory assurance in the form of a written contract that our Business Associates will appropriately safeguard and limit their use and information (PHI) we disclose to them. These Business Associate requirements are not applicable to our disclosures to a healthcare provider for treatment purposes. The Business Associate Contract Terms document contains the terms that federal law requires be included in each Business Associate Contract.

- A. Breach by business associate: If our dental office learns that a Business Associate has materially breached or violated its Business Associate Contract with us, we will take prompt, reasonable steps to see that the breach or violation is cured.