

Great Lakes Family Dentistry Notice of Privacy Practices

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

We are 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 protected health information, and to notify affected individuals following a breach of unsecured protected health information. This Notice takes effect on September 24th, 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. We will post the new notice clearly and will make copies for you 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.

- **Treatment**-We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.
- **Payment**-We may use and disclose your health information 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**-We may use and disclose your health information 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 for Your Care**-We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care 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 health information to assist in disaster relief efforts.
- **Required by Law**-We may use or disclose your health information when we are required to do so by law.
- **Public Health Activities**-We may disclose your health information for public health activities, including disclosures to:
 - Prevent or control disease, injury or disability;
 - Report child 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;
 - 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 health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials, health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.
- **Secretary of HHS**-We will disclose your health information to the Secretary of the U.S. department of Health and Human Services when required to investigate or determine compliance with HIPAA.
- **Health Oversight Activities**-We may disclose your PHI to an oversight agency for activities authorized by law. These 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.
- **Judicial and Administrative 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.
- **Coroners and Medical Examiners**-We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Other Uses and Disclosures of Protected Health Information

Your authorization is required, with a few exceptions, for 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 (or as otherwise permitted or required by law). 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**-You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. Some of our information is kept electronically and you have rights to an electronic copy. If a copy is needed for non-electronic information we will charge you a reasonable cost based fee for the cost of supplies and labor of copying as well as postage if you want the copies mailed to you.
- **Disclosure Accounting**-With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12 month period, we may charge you a reasonable cost-based fee for responding to the additional request.
- **Right to Request a Restriction**-You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written 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 (other than the health plan), has paid our practice in full.
- **Alternative Communication**-You have the right to request that we communicate with you about your health information by alternative means. You must make your request in writing. Your request must specify the alternative means and provide satisfactory explanation of how payments will be handled under the alternative means you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the way requested we may contact you using the information we have.
- **Amendment**-You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record and notify you of such. 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 protected health information as required by law.
- **Electronic Notice**-You may receive a paper copy of this Notice upon request.

Questions and Complaints

-If you want more information about our privacy practices, or have questions or concerns, please contact us.

-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, you may complain to us using the contact information listed at the end of this Notice. You also may 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.

Our Privacy Officer: Mindy Schlaud

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