



## NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH AND MEDICAL INFORMATION IS IMPORTANT TO US.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We reserve the right to change our privacy practices, and the terms of this notice at any time. If changes are made, a new Notice of Privacy Practices will be provided to patients. You may request a copy of our Notice at any time. Additional information may be obtained from the HIPAA coordinator listed in our written HIPAA plan.

### USES AND DISCLOSURES OF HEALTH INFORMATION

The following describes how information about you may be used in this dental office:

- **Treatment Services:** We may use or disclose your health information to all our staff members, other dentists, your physicians, and/or other health care providers taking care of you.
- **Payment:** We can use and disclose your health information to obtain payment for the services we provide to you.
- **Healthcare Options:** We can use and disclose your health information in connection with our healthcare operations, which include quality assurance, disease management, training, licensing, and certification programs. Upon your written request, we will not disclose to your health insurer any services paid by you out of pocket.

- **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, email, or text messages.
- **Legal Requirements:** We may use or disclose your health information when required to do so by law.
- **Abuse or Neglect:** If abuse or neglect is reasonably suspected, we may use or disclose your health information to appropriate government authorities.
- **National Security:** When required, we may disclose military personnel health information to the Armed Forces. Information may be given to authorized federal offices when required for intelligence and national security activities. Health information for inmates in custody of law enforcement may be provided to correctional institutes.
- **Family Members, Friends, and Others Involved in Care:** At your request, we may disclose your health information to a family member, friends, or other person if necessary to assist with your treatment and/or payment for services.
- **Respond to Organ and Tissue Donation Requests:** We can share health information about you with organ procurement organizations.
- **Work with a Medical Examiner or Funeral Director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illnesses.
- **Respond to Lawsuits and Legal Actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Breach Notification:** We will notify you at any time your PHI may have been compromised through unauthorized acquisition, use or disclosure.

### **PATIENT RIGHTS**

- **Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format that you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information and X-Rays. You are not entitled to originals, only copies.

- **Accounting of Disclosures:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations, and certain activities, for the last 6 years. If you request this more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to those additional requests.
- **Restriction:** You have the right to request additional restrictions on our use or disclosure of your health information. We will keep your information confidential from your health plans if you pay cash, at your request. In some instances, we may not be required to agree to these additional restrictions, but if we do, we will abide by our agreement. (Except in an emergency).
- **Alternative Communication:** You have the right to request that we communicate about your health information by alternative means or to alternative locations. (You must make your request in writing). Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.
- **Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and must explain the reason for the amendment). We may deny your request under certain circumstances.

### **QUESTIONS AND COMPLAINTS**

If you want more information about our Privacy Practices or have questions or concerns, please contact us. If you have concerns relating to a perceived violation of your privacy rights, to access to your health information, to amending or restricting the use or disclosure of your health information, or to requesting alternative means of communication, you may contact us using the contact information listed at the end of this Notice. You also may submit a written complaint to the Department of Health and Human Services (HHS). You can visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) for more information.

**HIPAA Coordinator:** Dawn-Marie Dente for Duxbury Dental Associates

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