

HIPAA Notice of Privacy Practices

SmileCare Dental of Fitchburg, P.C.

The Health Insurance Portability Accountability Act (HIPAA) protects the privacy of your health and personal information, or *Protected Health Information (PHI)* from being used or accessed by unauthorized individuals or entities

A copy of your rights under this Statute must be provided to you by all health care providers in this Notice of Privacy Practices, available in a visible section of the practice facility for retention by any patient. If this is your first time visiting this office you will be given a copy of the Notice of Privacy Practices and asked to Acknowledge that you have reviewed and received it.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your rights have been expanded and revised by the HIPAA Omnibus Rule and corresponding HITECH regulations on the disclosure of electronic PHI. Below is a summary of those rights, how we can use or disclose your PHI, and how you can either restrict disclosure of your PHI or gain access to copies of the PHI held by us.

Why we need to use your Protected Health Information and permitted uses and disclosures:

Treatment:

SmileCare Dental of Fitchburg needs to use your health information to treat you better. We use your health history to conduct initial examinations and gain relevant information from you about your dental care needs to treat you better. We can then make more an informed, knowledgeable and accurate diagnosis and formulate a beneficial treatment plan by referencing prior treatment, reviewing notes by previous doctors and medical providers, and knowing enough about your dental history to help our staff help you get the best dental care possible. Other medical providers that are working with your treatment may need to access your PHI in order to make your treatment successful.

Payment:

To take care of paying for your dental care, either by you, a third party, a health insurance plan, or a managed care organization, we may need to verify that your health and dental conditions are covered by insurance to the maximum extent possible. Your PHI needs to be disclosed on claim forms and to third parties specifically for that purpose, and it is a proper use of your PHI under HIPAA. Other personal information not related to health care, including social security numbers, financial information and other identifying personal information may be needed to follow through with a complete payment process.

Health Care Operations:

The administration of our office in an efficient manner requires us to use your health information and other personal information to assist in activities such as setting appointments and contacting by telephone, mail, fax or e-mail about upcoming appointments.

Use of your PHI for treatment, payment and health care operations can be made without your authorization, and in the other circumstances below allowed by the HIPAA statute:

1. Public health purposes such as for the prevention or control of disease, injury or disability, to report child suspected child abuse or neglect to public health or law enforcement authorities, at the direction of a public health authority

2. To a person subject to the jurisdiction of the Food and Drug Administration (FDA) for the purposes of activities related to the quality, safety or effectiveness of FDA regulated products or activities
3. To a person who may have been exposed to a communicable disease or may otherwise be at risk of spreading a disease or condition, if the medical provider or public health authority is authorized by law to notify such a person in the course of conduct of a public health intervention or investigation.
4. To an employer of a member of the workforce only if the information is relevant to work-related illnesses or injuries or workplace-related medical surveillance, and it is required to fulfill the obligations of the employer under state or federal law.
5. For judicially mandated administrative and court proceedings, and law enforcement
6. For government oversight activities authorized by law of the health care system, government benefit programs having to do with benefits eligibility.
7. For investigation of compliance with civil rights laws.
8. To entities subject to government regulatory programs requiring the information for determining compliance with program standards.
9. Emergency circumstances require disclosure to prevent a serious threat to your health or to the health or safety of others.
10. If we reasonably believe you may be a victim of abuse or neglect, or that there is suspected abuse, neglect, or domestic violence, then we may disclose your information to the extent authorized by statute or regulation to a government authority, social service agency or protective services agency authorized by law to receive reports of abuse, neglect or domestic violence.
11. To authorized federal officials or military authorities for the conduct of lawful intelligence, counter-intelligence or other national security activities as allowed by law.
12. To a coroner or medical examiner to assist in identifying you or determining the cause death.
13. For use in activities relevant to organ, eye or tissue donations.
14. If the information is de-identified so that it cannot be used to identify you.
15. To family members, friends or others, but only if you are present and verbally give your permission and do not object, or in emergency circumstances when we reasonably infer that it is in your best interest in the judgment of a medical provider, it is consistent with a prior expressed preference, and you are not capable of agreeing or objecting in writing.
16. As otherwise required by federal, state or local law.

Disclosure to Family, Friends, other relatives or other identified individuals.

Disclosure of your protected health information may be made only if you are giving an opportunity to agree or object to disclosure to a family member, other relative, or close personal friend, or any other person identified by you if the protected health information is directly relevant to that person's involvement in or responsibility for your care or the payment for your care. You must also be given an opportunity to agree or object to the use of your information for facility directories.

Disclosure of Psychotherapy Notes or Sensitive Protected Health Information.