

NOTICE OF PRIVACY PRACTICES

Purpose: To provide that patients and other interested persons have a defined opportunity to receive adequate notice of 1) the uses and disclosures of protected health information (“PHI”) that may be made by the provider; 2) patient rights concerning PHI; and 3) the provider’s legal duties pertaining to PHI.

Policy:

1. Reasonable effort shall be made to provide patients or their legally authorized representative the current Notice of Privacy Practice (NPP) on the date of the first service delivery on or after the April 14, 2003, compliance date. An exception exists where the first service delivery involves emergency medical treatment; in such cases, the NPP shall be provided as soon as it reasonably practicable to do so.
2. Except in emergencies, reasonable effort shall be made to obtain a signed acknowledgement of receipt of the current NPP from the patient or the legally authorized representative.¹
3. Document reasonable attempts to provide the current NPP by filing the signed acknowledgement of receipt in the medical record. Refusals to sign the acknowledgement, or refusals to accept the NPP, shall also be documented.
4. A current NPP will be posted in a prominent location where it is reasonable to expect that patients will see and have an opportunity to read the document. At any time, a patient or the patient’s legally authorized representative may request and receive a copy of the current NPP.
5. The Notice of Information Practices required by Washington State law will be placed in a conspicuous place or provided to the patient in another notice. The Acknowledgement of Receipt of the NPP may contain this required Notice of Information Practices.²
6. The NPP shall describe actual privacy practices and example of all uses and disclosures of PHI.³ Any change to actual privacy practices shall be reflected in the NPP. Subsequent to any revision, a copy of the “old” NPP shall be retained for 6 years from the date it was last effective.⁴
7. Any person, not only a patient, having questions about the NPP, or privacy/confidentiality practices, shall be directed to the Privacy Officer for further information if necessary.’
8. Any member of the general public (who is not a patient or a patient’s legally authorized representative) requesting the NPP shall be provided the current NPP as promptly as circumstances permit. The documentation requirements do not apply.⁵

Policy effective date : 04/14/03

NOTICE OF CLEARWATER DENTAL PRIVACY PRACTICES

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.

Clearwater Dental and its employees respect your privacy. We understand that your Personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, and health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For treatment:

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

For payment:

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses; procedures performed, or recommended care.

For health care operations:

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may contact you to raise funds.
- We may use and disclose your information to conduct or arrange for services, including:
 - medical quality review by your health plan;
 - accounting, legal, risk management, and insurance services;
 - audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request, but we will comply with any request granted.
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”).
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information - except in certain circumstances.
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact:

Stephanie Krieg Privacy Officer
(509) 783-5000

Our Responsibilities

We are required to:

- Keep your protected health information private.
- Give you this Notice.
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

Stephanie Krieg, Privacy Officer
(509) 783-5000

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to the Privacy Officer at our practice/health care facility. You may also file a complaint with the U.S Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care, We may also give information to someone who helps pay for you care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.
- [Hospitals] Information may be provided to people who ask for you by name. We may use and disclose the following information in a hospital directory:
 - your name,
 - location,
 - general condition, and
 - religion (only to clergy).

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

We may use and disclose your protected health information without your authorization as follows:

- **With Medical Researchers** - if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- **To Funeral Directors/Coroners** consistent with applicable law to allow them to carry out their duties.
- **To Organ Procurement Organizations (tissue donation and transplant)** or persons who obtain, store, or transplant organs.
- **To the Food and Drug Administration (FDA)** relating to problems with food, supplements, and products.
- **To Comply With Workers' Compensation Laws** - if you make a workers' compensation claim.

- **For Public Health and Safety Purposes as Allowed or Required by Law:**
 - to prevent or reduce a serious, immediate threat to the health or safety of a person
 - or the public.
 - to public health or legal authorities
 - to protect public health and safety
 - to prevent or control disease, injury, or disability
 - to report vital statistics such as births or deaths.
- **To Report Suspected Abuse or Neglect** to public authorities.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety to others.
- **For Law Enforcement Purposes** such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- **For Health and Safety Oversight Activities.** For example, we may share health information with the Department of Health.
- **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **For Work-Related Conditions That Could Affect Employee Health.** For example, an employer may ask us to assess health risks on a job site.
- **To the Military Authorities of U.S and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, we may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Effective Date: 04/14/03