



NOTICE OF 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.

If you have any questions about this notice, please contact the

Privacy Official for our office at 616-754-3511, 124 W. Cass St., Greenville, MI 48838

REASON FOR THIS NOTICE

We are required by applicable federal and state law to comply with the HIPAA Privacy and Breach Notification Rule. We are also required to give you this Notice of Privacy Practices, our legal duties and your rights concerning your health information and breach notifications. We must follow the privacy practices that are described in this Notice while it is in effect.

We will provide a notice of our privacy practices to our patients, and to anyone else who requests a copy. Our Notice and the way we provide it will comply with HIPAA and applicable state laws. We will revise the Notice as appropriate, and will provide the revised Notice as required by HIPAA. Our practice will not use or disclose patient information in a manner that is inconsistent with our Notice, HIPAA or state law.

HOW WE MAY USE & DISCLOSE YOUR HEALTH INFORMATION

Under the law, we must have your signature on a written, dated Consent Form and/or an Authorization Form of Acknowledgement of this Notice, before we will use or disclose your PHI for certain purposes as detailed in the rules below.

Documentation – You will be asked to sign an Authorization/Acknowledgement form when you receive this Notice of Privacy Practices. If you didn't sign such a form or need a copy of the one you signed, please contact our Privacy Officer. You may take back or revoke your consent or authorization at any time (unless we already have acted based on it) by submitting our Revocation Form in writing to us at our address listed. Your revocation will take effect when we actually receive it. We cannot give it retroactive effect, so it will not affect any use or disclosure that occurred in our reliance on your Consent or Authorization prior to revocation.

General Rule – If you don't sign our authorization/acknowledgement form or if you revoke it, as a general rule we cannot in any manner use or disclose to anyone (excluding you, but including payers and Business Associates) your PHI or any other information in your medical record. 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 health records are entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases.

With your signed consent, we may use or disclose your PHI in order:

Treatment – We may use and disclose your health information for your treatment or services. We may disclose PHI about you to doctors, assistants, hygienists, office staff or other personnel who are involved in taking care of you and your health.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have. 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 of 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.

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 a person who may have been exposed to a disease or condition; 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.

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 for law enforcement purposes as permitted by HIPAA, as 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. 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 & Administrative Proceedings – If you are involved in a lawsuit or 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 requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Coroners, Medical Examiners, & Funeral Directors – We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person to determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Business Associate Rule – Business Associates are defined as: an entity, (non-employee) that in the course of their work will directly/indirectly use, transmit, view, transport, hear, interpret, process or offer PHI for this Facility.

Business Associates and other third parties (if any) that receive your PHI from us will be prohibited from re-disclosing it unless required to do so by law or you give prior express written consent to the re-disclosure. Nothing in our Business Associate agreement will allow our Business Associate to violate this re-disclosure prohibition. Under Omnibus Rule, Business Associates will sign a strict

confidentiality agreement binding them to keep your PHI protected and report any compromise of such information to us, you and the United States Department of Health & Human Services, as well as their required entities. Our Business Associates will also follow Omnibus Rule and have any of their Subcontractors that may directly or indirectly have contact with your PHI, sign Confidentiality Agreements to Federal Omnibus Standard.

Family & Friends – We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your PHI to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is being discussed.

In situations where you are not capable of giving consent (medical emergency), we may using our professional judgment to determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only PHI relevant to the person's involvement in your care. We may also use our professional judgment and experience to make reasonable inferences that is in your best interest to allow another person to act on your behalf to pick up, for example, dental supplies or x-rays.

Incidental Disclosure Rule – We will take reasonable administrative, technical and security safeguards to ensure the privacy of your PHI when we use or disclose it (i.e. we shred all paper containing PHI, require employees to speak with privacy precautions when discussing PHI with you, we use computer passwords and change them periodically, we use firewall and router protection to the federal standard, we backup our PHI data off-site and encrypt it to federal standards, we do not allow unauthorized access to areas where PHI is stored or filed. We have any unsupervised business associates sign Business Associate Confidentiality Agreements).

However, in the event that there is a breach in protecting your PHI, we will follow Federal Guidelines to HIPAA Omnibus Rule Standard to first evaluate the breach situation using the Omnibus Rule, 4-Factor Formula for Breach Assessment. Then we will document the situation, retain copies of the situation file, and report all breaches (other than low probability as prescribed by the Omnibus Rule) to the US Department of Health and Human Services at:
<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstructoin.html>

OTHER USES AND DISCLOSURES OF PHI

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, 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 you PHI, except to the extent that we have already taken action in reliance on the authorization.

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. You may obtain a form to request access by using the contact information listed at the beginning of this Notice. You may also request access by sending us a letter to the address listed. If you request information that we maintain on paper we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format your request if readily producible. We may charge you a fee not to exceed state law to recover our costs (including postage, supplies, and staff time as applicable, but excluding staff time for search and retrieval) to duplicate or summarize your PHI. We may deny your request in certain limited circumstances (i.e. we don't have the PHI, it came from a confidential source, etc...). If we deny your request, you may ask for a review of that decision. If required by law, we will select a licensed health-care professional (other than the person who denied your request initially) to review the denial and we will follow his/her decision. If we select a licensed healthcare professional who is not affiliated with us, we will ensure a Business Associate Agreement is executed that prevents re-disclosure of your PHI without your consent by that outside professional.

Amendment – If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. We may deny your request under certain circumstances.

Disclosure Accounting – You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, health care operations and certain other activities, for the last 6 years. 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 these additional requests.

Right to Request a Restriction – You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request limits on the PHI we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment you had.

Request Denial - If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Alternative Communications – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, by email or send reminder in closed envelopes rather than postcard.

To request confidential communications, you may complete and submit the Request For Restrictions On Use/Disclosure of Medical Information to our Privacy Official. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Treatment Rooms – Our office is setup in an open treatment room atmosphere. We must make you aware that other persons in the office may overhear some of your PHI during the course of your care. You have the right at any time to speak with the doctor in a private room for these conversations.

Faxing & Emailing – When you request us to fax or email your PHI as an alternative communication. We may agree to do so, but only after having our Privacy Officer or treating doctor review that request. For this communication, our Privacy Officer will confirm that the fax number or email address is correct before sending the message and ensure that the intended recipient has sole access to the fax machine or computer before sending the message; confirm receipt, locate our fax machine or computer in a secure location so unauthorized access and viewing is prevented; use a fax cover sheet so the PHI is not the first page to print out (because unauthorized persons may view the top page); and attach an appropriate notice to the message. Our emails are all encrypted per Federal Standard for your protection.

Inactive Patient Records – We will retain your records for seven years from your last treatment or examination, at which point you will become an inactive patient in our practice and we may destroy your records at that time (but records of inactive minor patients will not be destroyed before the child's eighteenth birthday). We will do so only in accordance with the law (i.e. in a confidential manner, with a Business Associate Agreement prohibiting re-disclosure if necessary).

Collections – If we use or disclose your PHI for collections purposes, we will do so only in accordance with the law.

Pictures/Photos – Pictures may be taken for the offices "No Cavity Kid" wall, it is up to patient or patient's parent/guardian if this will be allowed. No PHI will be listed with the pictures.

Photos could be taken for other procedures done in the office, we will notify a parent/guardian before these will be taken and these photos will be kept with the patients chart for future use. If these photos will be used for any other purposes a Release Form will need to be signed by a consenting parent/guardian.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health & Human Services. To file a complaint with our office, contact our Privacy Official at 616-754-3511. You will not be penalized for filing a complaint.