

**Dental Rehabilitation Center  
Implant, Cosmetic, & Reconstructive Dentistry**

**Notice of Privacy Practices**

This notice is to inform you that your personal health information will only be used treatment related purposes at our office and will not be misused or disclosed to anyone outside our practice. You may gain access to this information if desired.

Please review this information carefully. The privacy of your health information is important to us.

**Our Legal Duty:**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about your privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this notice at any time provided such changes are permitted by applicable laws. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

**Use and Disclosure of Health Information:**

We use or disclose your health information to other health care providers who are currently treating you or may be asked to treat you.

**Payment:** We may use or disclose your health information to obtain payment for services we provide (i.e. insurance carriers)

**Health Care Operations:** We may use or disclose your health information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioners and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

**Your Authorization:**

You may give us written authorization to use your health information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioners and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to the use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. IN the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences in your best interest in allowing a person to pick up prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health Related Services:** Our office does NOT use patient information for any marketing purposes. We will not use your health information for marketing communications without written authorization.

**Required By Law:** We may use your health information when it is required by law to do so (i.e. missing person, reporting communicable diseases, etc.)

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to lawfully authorized federal officials health information required by lawful intelligence, counterintelligence, and other officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voice mails messages, postcards, letters, or other forms of communication)

**Patient Rights**

You have the right to review or obtain copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. We may charge you a reasonable cost based fee for expenses such as copies and staff time. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for any purpose, other than treatment, payment, health care operations, and certain other activities, for the last six 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 the additional requests.

**Restrictions:** You have the right to request that we placed additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement except in an emergency.

**Amendments:** You have the right to request that we amend your health information. Your request must be in writing. It must explain why the information should be amended. We may deny your request under certain circumstances.

**Questions and Complaints:**

If you desire further information about our privacy practices, or if you have questions, please contact us. If you feel that we may have violated your privacy rights, disagree with a decision we made about access to your health information, you may complain to us using the contact information listed on this notice. You also may submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to file your complaint with the USDHHS 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 USDHHS.