

# Patient's Copy to Keep for Your Records!

## BARTH FAMILY DENTISTRY'S NOTICE OF PRIVACY PRACTICES

This notice describes how your personal/protected health information (PHI) may be used and/or disclosed and how you can get access to this information.

### PLEASE REVIEW IT CAREFULLY

#### OUR LEGAL DUTY

Barth Family Dentistry, PSC,(BFD) is committed to providing the best possible health care. Each time you visit BFD, a record of your visit is made. This record is placed in a chart which thus becomes your **personal/protected health information (PHI)**. It contains your personal information, name, address, diagnosis, date of birth, date of death, telephone numbers, fax numbers, electronic email addresses, social security number, medical record number, dental record number, account number, health plan beneficiary number, license number, vehicle identifiers, serial numbers, (any other unique identifying number, characteristics, or codes), health information, insurance information, signs and symptoms of health/dental problems, examinations and test results, x-rays, digital intra-oral and extra-oral pictures/ photographs, treatment given and plans for future treatment. Some of the information found in your chart is also entered into our clinic management computer system.

Federal and State laws require us to keep **ALL** of your health information private. We are also required to give you this Notice about our Privacy Practices, our legal duties, and your right concerning your PHI. We **MUST** follow the privacy practices that are described in the Notice. This Notice takes effect **APRIL 14, 2003**, and will remain in effect until we replace it.

We have the right to change privacy practices and terms of this Notice at any time, provided such changes are permitted by law. We keep the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we 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 to you as well as posted in the office waiting room.

You may ask for a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

#### USES AND DISCLOSURES OF HEALTH INFORMATION

**PAYMENT:** We will use and disclose your PHI to receive payment for services provided to you. Any Business Associate we use that helps us in collecting payment from you must keep your information confidential. Your PHI may be sent to responsible financial party or business associates such as **A.** Business Associates functions could include claims processing, transcription, administration, data analysis, utilization review, quality assurance, billing, benefit management, practice management, re-pricing, legal, actuarial, accounting, consulting or data aggregation, billing offices, insurance carriers, collection agencies, small claims court, head of household, insurance policy holder, third-party payer, and government payment programs. (ex: Medicare, Medicaid, Passport).

**TREATMENT:** We may use or disclose your PHI to a healthcare provider treating you to provide treatment to you, receive payment for treatment and treatment options. Disclosures may be made, but not limited to:

**A.** Health care providers such as consulting doctors/dentists, medical doctors, jail or prison doctors/personnel, hospitals, specialists, emergency contact, health care proxy and specialists that may not be connected to Barth Family Dentistry, PSC (such as pathologists, radiologists, laboratories).

**B.** We may also use and disclose your PHI about you to remind you that you have an appointment with us for treatment or that it is time for you to schedule a regular checkup with us, or to give you information about treatment choices. This information may be communicated to you by leaving a message on your answering machine, or by sending you a letter or post card.

**HEALTHCARE OPERATIONS:** We may use and disclose your PHI to help us improve the care and services we offer. Healthcare operations include quality assessment and improvement activities, review of the competence and qualifications of healthcare professionals, evaluation of practitioner/provider performance, and conducting training, accreditation, certification, licensing, and credentialing activities and education of employees.

**YOUR AUTHORIZATION:** In addition to our use of your PHI for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us such an authorization, you may cancel it in writing at any time. A cancellation of your authorization will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice.

**PERSONS INVOLVED IN CARE, INCLUDING FAMILY AND FRIENDS:** Unless you do not want us to (and thus must be submitted to us in writing), we may disclose your PHI to family members, other relatives, close personal friends or any other person (either in person, phone, or answering machine/voice mail) that may be helping you with your care and/or payment for your care. The head of the household (the person who carries the insurance on the family), will be made aware of all financial (thus procedures) related to anyone in the head of household, for all insurance and charges are applied to the head of household in order for insurance claims to be accepted by the insurance. If you do not want the head of household to be made aware of your charges or procedures then you must pay upfront and in full and then you must file your own insurance claim, as well as notify us in writing of your wishes. We may use or disclose your PHI to notify, or assist in the notification of (including or locating) a family member, your personal representative or another person responsible for your care, or your location, your general condition or death, Doctors and other medical personnel, will use their best opinion in deciding when to release your PHI to another person. We will also use our professional judgment and our experience with common practices on when to allow a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information for you.

**MARKETING HEALTH-RELATED SERVICES:** We will not use your PHI for marketing communications without your written authorization.

**REQUIRED BY LAW:** We may use or disclose your PHI when we are required to do so by law such as but not limited to: Identity Theft, Abuse, Theft by Deception, and Insurance Fraud.

**ABUSE OR NEGLECT:** We may disclose your PHI to appropriate authorities if we reasonably believe that you may be a victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your PHI to the extent necessary to avoid a serious threat to your health or safety or the health or safety of others.

**NATIONAL SECURITY:** We may disclose your PHI of Armed Forces personnel to military authorities under certain circumstances. We may disclose your PHI to authorize federal officials when required for lawful intelligence, counterintelligence, and other national security activities. We may disclose PHI of inmates or patients to correctional institutions or law enforcement officials having lawful custody, under certain circumstances.

# Patient's Copy to Keep for Your Records!

## PATIENT RIGHTS

**ACCESS:** you have the right to look at or get copies of your PHI, with limited exceptions:

- A. Psychotherapy
- B. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

You must make a request in writing to gain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request by sending us a letter to the address at the end of this Notice. Once we have your written request, we will provide you with one free copy of your PHI. You will have to pay for any additional copies. Costs of additional copies of your PHI are:

- A. Set of x-rays: \$25.00
- B. Treatment notes: \$1.00 per page
- C. Postage costs necessary to mail these copies to you

You may request that we provide copies in a format other than photocopies, but we cannot guarantee that we can accommodate your request for anything other than photocopies.

Barth Family Dentistry, PSC may deny you access to your PHI, without providing you an opportunity for review, in the following circumstances:

A. Access to health information may be denied if the PHI was obtained from someone other than a healthcare provider under a promise of confidentiality, and if the access requested would reasonably be likely to reveal the source of information.

Barth Family Dentistry, PSC may deny you access to your PHI (but with the opportunity for review) in the following circumstances:

- A. A licensed healthcare professional has determined that, in their professional judgment, the request is likely to endanger the life or physical safety of the individual or another person.
- B. The health information makes reference to another person, other than a healthcare provider, and a licensed healthcare professional has determined that, in their professional judgment, that access requested is reasonably likely to cause substantial harm to the other person.

C. The request for the access is made by the individual's personal representative and a licensed healthcare professional has determined that, in their professional judgment, access is reasonably likely to cause substantial harm to the individual or another person.

**DISCLOSURE ACCOUNTING:** You have the right to receive a list of instances in which we or our business associates disclosed your PHI for the last 6 years, but not before April 14, 2003. Exceptions to this right are disclosures that were made:

- A. To carry out treatment, payment, and in support of healthcare operations.
- B. For national security or intelligence purposes
- C. To correctional facilities or law enforcement officials
- D. Prior to the compliance date of this Notice.

If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for providing you with accounting of your PHI.

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

A. You **MUST** notify Barth Family Dentistry, PSC of your wish to limit disclosure of your PHI in writing and explain in detail the information that you would like to have restricted.

**ALTERNATIVE COMMUNICATION:** You have the right to request that we communicate with you about your PHI by alternative means or to alternate location within the office. You must make your request in writing. Your request must specify the alternative means and/or location, and provide satisfactory explanation as to how payments will be handled under the alternative means or location you request.

**AMENDMENT:** You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances as follows:

- A. The information was not created by Barth Family Dentistry, PSC, unless the individual provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment.
- B. Your health information is not part of our record.
- C. Your health information is accurate and complete.

**ELECTRONIC NOTICE:** If you receive this Notice on our Website or e-mail, you are entitled to receive this Notice in written form.

**PATIENT'S RESPONSIBILITY:** You, the Patient and/or Legal Guardian, are responsible to read and stay current on the most current postings/changes of the Privacy Policy updates and addendums, which will be posted in plain sight in a folder in the waiting room for all to read. This folder is not to be removed for this waiting room. Any updates or addendums will be posted immediately following the this privacy notice. We will provide a copy to you of the privacy notice and all updates and addendums upon your request.

## QUESTIONS AND COMPLAINTS:

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use of disclosure of your PHI or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Ask the Privacy Officer for a complaint form to fill out!! BARTH FAMILY DENTISTRY, PSC**

**Privacy Officer: Rhonda Stephenson :**

**1821 Florence Pike St 2, Burlington, KY 41005**

**Phone: (859) 689-7700 Fax: (859) 689-9641**