

Notice of Privacy Practices
Effective Date of This Notice: June 15, 2020

Alex E. Ivanoff, DDS
17776 Sonoma Highway; Sonoma, CA 95476
Office Manager: Sharon Ivanoff
Phone: 707-935-8300
www.alexivanoffdds.com

Notice of Privacy Practices: Your Information. Your Rights. Our Responsibilities.

This notice describes how your dental and/or health information may be used and disclosed by Alex E. Ivanoff, DDS and how you can obtain access to this information.
Please review it carefully.

YOUR RIGHTS

You have certain rights pertaining to your health information. Your rights and some of our responsibilities are:

- 1. Receive an electronic or paper copy of your dental record:** You can ask to see or request an electronic or paper copy of your dental record and other health information we have about you. Ask us how to do this. Upon written request, we will provide a copy or summary of your dental and/or health information within a reasonable time.
 - If you ask to see or receive a copy of your records for purposes of reviewing current dental care, we may not charge you a fee.
- 2. Request your dental records to be amended or corrected:**
 - You can ask us to correct dental and/or health information about you that you think is incorrect or incomplete. Ask us how to do this. We may deny your request but will notify you of the reason for the denial in writing within 60 days.
- 3. Request us to contact you confidentially:**
 - You may ask us to contact you in a specific way, for example, by home or office phone or by sending mail to a different address.
 - We will approve all reasonable requests.
- 4. Request to limit what we use or share:**
 - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may deny it if it would affect your care. Such requests should be made in writing.
 - If you pay for a service or dental care item out-of-pocket in full you may ask us not to share that information, for the purpose of payment or our operations,

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with your dental insurer. We will approve your request unless a law requires us to share that information.

5. Receive an accounting (list) of those whom we've shared information:

- You may ask for an accounting (list) of the times we've shared your dental and/r health information during the previous six (6) years from the date of your request, including who we shared it with and why. Such requests should be made in writing.
- We will include all disclosures except for those about treatment, payment, and dental care operations, and certain other disclosures such as any you asked us to make. We will provide one accounting (list) per year for free but will charge a reasonable, cost-based fee if you request another within 12 months.

6. Receive a copy of this privacy notice:

- You may request a paper copy of this notice at any time and we will promptly make it available to you, even if you have previously agreed to receive it electronically.

7. File a complaint if you feel your rights are violated:

- You may file a complaint if you feel we have violated your rights by contacting our Office Manager using the contact information at the top of this notice. ***We will not retaliate against you for filing a complaint.***
- You may file a complaint with the U.S. Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Avenue S. W., Washington DC 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

YOUR CHOICES

1. For certain health information, you can tell us your choices about what we share:

- If you have a clear preference for how we share your information in the situations described below, speak with us. Tell us what you want us to do and we will follow your written instructions. In these cases, you have both the right and chose to tell us NOT to:
 - i. *Share information with your family, close friends, or others involved in your care, such as your personal representative.*
 - ii. *Share information in a disaster relief situation.*
 - iii. *Include your information in a hospital directory.*
- If you are unable to tell us your preference, for example if you were unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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2. **Your authorization:** If you provide an authorization in writing to permit other uses or disclosures of your dental and/or health information that are not described in the “Other Uses and Disclosures” section, you may revoke such authorization while it is in effect at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.
3. **Cases in which we will never share your information unless you give us written permission:**
 - Marketing purposes, the sale of your information, most sharing of psychotherapy notes, and for most other sharing purposes.

OTHER USES AND DISCLOSURES

1. **How we typically use or share your dental and/or health information:** *We need your consent before we disclose protected health information except in the following scenarios or if the disclosure is for a medical emergency and we are unable to obtain your consent due to your condition or the nature of the medical emergency.*

We typically share your dental and/or health information in the following ways:

T = Treating You: We can share your dental and/or health information with other professionals (such as other dentists, physicians, or healthcare providers carrying out treatment that we do not provide, pharmacists, medical or dental laboratory personnel) who are treating you. We may ask for your consent prior to disclosures for treatment. ***Example: A doctor treating you for an injury asks another doctor about your overall health condition.***

P = Payment/Billing: We can use and share your dental and/or health information to bill and get payment from health plans or other entities. We may ask for your consent prior to disclosures for payment. ***Example: We may give information about you to your health insurance plan so it will pay for your services.***

O = Organizational Operations: We can use and share your dental and/or health information in connection with our healthcare operations to run our practice, improve your care, and contact you when necessary. We may ask for your consent prior to

disclosures for organizational operations. ***Examples of healthcare operations can include business planning, management and administrative services, quality assessment/improvement and licensing activities, evaluation our dental professionals***

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and job performance activities, conduction training programs and education, as well as accreditation, certification, licensing, or credentialing activities.

2. **Other uses and disclosures for sharing your dental and/or health information:** We are allowed or required to share your information in other ways that contribute to the public good, such as public health and research. We meet many conditions in the law before sharing your information for these purposes. For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html
- a. **Public health and safety:** We can share dental and/or health information about you for certain public health and safety situations such as: preventing disease; helping with product recall; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; disaster relief efforts; and preventing or reducing a serious threat to anyone's health or safety.
 - b. **Research:** We can use or share your information for health research if you do not object.
 - c. **To comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services should it want to see that we are complying with federal privacy laws.
 - d. **Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations.
 - e. **Work with a medical examiner or coroner:** We can share dental and/or health information with a coroner and medical examiner when an individual dies.
 - f. **Address worker's compensation, law enforcement, and other government requests:** We can use or share dental and/or health information about you for worker's compensation claims, for law enforcement purposes, or with law enforcement officials, unless prohibited by law. We can also use or share dental and/or health information about you with health oversight agencies for activities authorized by law. Similarly, for special government functions such as military, national security, and presidential protective services.
 - g. **Respond to lawsuits and legal actions:** We can share dental and/or health information about you in response to a court or administrative order, or in response to a subpoena. We will consult legal counsel upon receipt of such documents.
 - h. **Other State Law considerations:** We are required to describe any state or other laws that require greater limits on disclosure. For example, we will not share and substance abuse, HIV/AIDS, or psychotherapy treatment records without your written permissions.

Our Responsibilities

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- 1. Maintain privacy and security:** We are required by law to maintain the privacy and security of your protected health information.
- 2. Inform you if a breach occurs:** We will promptly inform you if a breach occurs that may have compromised the privacy of security of your information.
- 3. Follow notice practices:** We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not share your information other than described here *unless you tell us in writing that we can*. For more information visit www.hhs.gov/ocr/privacy/hippa/understanding/noticepp.html

Effective date and changes to the terms of this notice: The effective date of this *Notice of Privacy Practices* is *June 15, 2020* and will remain in effect until a revised version replaces it. We will change the terms of this notice and such changes will apply to all of your information that we have, including health information we created or received prior to any notice changes. Revised notices are available on request both in our office and on our website.

Alex E. Ivanoff, DDS