

## **HIPPA**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED & HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact our office at:

**Luray Family Dental**  
156 East Main St.  
Luray, VA 228335  
540-743-4810

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, staff & other office personnel. The practices described in this notice will also be followed by health care providers you consult with by telephone.

### **YOUR HEALTH INFORMATION**

This notice applies to the information & records we have about your health, health status, & the health care services you receive at this office. We are required by law to give you this notice. It will tell you about the ways in which we may use & disclose health information about you & describes your rights & our obligations regarding the use & disclosure of that information.

### **HOW WE MAY USE & DISCLOSE HEALTH INFORMATION ABOUT YOU**

#### **For Treatment**

We may use health information about you to provide you with medical treatment services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you & your health. For example, your doctor may be treating you for a heart condition & may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also consult another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you & 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. Family members & other health care providers may be a part of your medical care outside this office & may require information about you that we have.

#### **For Payment**

We may use & disclose health information about you so that the treatment & services you receive at this office may be billed to & payment may be collected from you, an insurance company, or your responsible party. For example, we may need to give your dental insurance plan information about a service you received here so they may pay us for that service. We may also tell your dental plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

#### **For Health Care Operations**

We may use & disclose health information about you in order to run the office & make sure that you & our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all o many of our patients to help us decide

what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

### **Appointment Reminders**

We may contact you as a reminder that you have an appointment for treatment at the office.

### **Treatment Alternatives**

We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### **Health-Related Products & Services**

We may tell you about health-related products or services that may be of interest to you. Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about alternatives or health related products & services. If you advise us in writing that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

### **SPECIAL SITUATIONS**

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements & limitations:

#### **To Avert a Serious Threat to Health or Safety**

We may use & disclose health information about you when necessary to prevent a serious threat to your health & safety or the health & safety of the public or another person.

#### **Required by Law**

We will disclose health information about you when required to do so by federal, state, or local law.

#### **Military, Veterans, National Security & Intelligence**

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military common &/or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

#### **Workers' Compensation**

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

#### **Public Health Risks**

We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non expected reactions to medications or problems with products.

#### **Health Oversight Activities**

We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state & federal agencies to monitor the health care system, government programs, & compliance with civil rights laws.

#### **Lawsuits & Disputes**

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order.

## Notice of PRIVACY PRACTICES for: **Luray Family Dental**

Effective 01/2017

Subject to all applicable legal requirements, we may also disclose health information about you in a subpoena.

### **Law Enforcement**

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

### **Coroners, Medical Examiners & Funeral Directors**

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death.

### **Information Not Personally Identifiable**

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

### **Family & Friends**

We may disclose health information about you to a family member or friend if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure & you do not raise an objection. We may also disclose health information to your family or friend 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 personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

### **OTHER USES & DISCLOSURE OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke Authorization, we will no longer disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosure already made with your permission. If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization from you that complies with the law governing HIV or substance abuse records.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

#### **Right to Inspect & Copy**

You have the right to inspect & copy your health information, such as dental & billing records, that we use to make decisions about your care. You must submit a written request to the address aforementioned (at the start of this notice).

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect &/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request & our denial. The person conducting the review will not be the person who denied your request, & we will comply with the outcome of the review.

#### **Right to Amend**

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 amended an amendment as long as the information is kept by this office.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. If addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information we keep.
- c) You would not be permitted to inspect & copy.
- d) Is inaccurate & incomplete.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information 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 procedure you had.

### **We are Not Required to Agree to Your Request**

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain a copy, contact:  
156 East Main St. Luray VA, 22835  
540-743-4810

### **Changes to This Notice**

We reserve the right to change this notice, & to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right h& corner. You are entitled to a copy of the notice currently in effect.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request restrictions, you may complete & submit a Request for Restricting Uses & Disclosures & Confidentiality Communications Form to address aforementioned.

### **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:

156 East Main St. Luray VA, 22835  
540-743-4810

You will not be penalized for filing a complaint.