

**Access Endodontics LLC**  
**Notice of Health Information 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

Understanding Your Health Information

Each time you visit a dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. Be aware of what is in your dental record will help you to make more informed decisions when authorizing disclosure to others.

Your Dental Record Serves as:

- Basis for planning your care and treatment.
- Means of communication among the many health care professionals who contribute your care.
- Legal document describing the care you received.
- Tools with which we can assess and continually work to improve the care we render and the outcomes we achieve.
- Means by which you or an insurance company can verify that services billed were actually provided.
- Source of data for facility planning and marketing services.
- Source of information for public health officials charged with improving the health of the nation.

Your Health Information Rights

Although your dental record is the physical property of Access Endodontics LLC, the health information it contains belongs to you. You have the right to:

- Inspect and obtain a copy of your health information; there are few exceptions and copy charges may apply
- Request to amend your health information
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken prior to revocation.
- Request a restriction on certain otherwise permitted uses and disclosures of your information; however, we are not required to agree in all circumstances.
- Request a written accounting of disclosures of your health information for the previous six years but not before April 14, 2003 for disclosures other than those made to you, for treatment, payment, or healthcare operations or other limited exceptions.
- Request communications of your health information by alternative means or at alternative locations and to obtain a paper copy of this notice upon request.

If you wish to exercise any of these rights, please contact business manager at (262) 782-2227

Access Endodontics LLC

- Will as required, by law maintain the privacy of your health information.
- Will Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Will abide by the terms of the notice currently in effect.
- Will notify you if we are unable to agree to a requested restriction.
- Will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised information in our office and provide you with a copy.

### For More Information or to Report a Problem

If you have questions and/or would like to report a problem or complaint, you may contact the office at (262)782-2227. If you feel the privacy of your health information has been compromised or your rights violated you may either contact our business manager. We will not retaliate against you for filing a complaint.

### Examples of Disclosures for Treatment, Payment, and Healthcare Operations

*We will use your health information for treatment.*

**For Example:** Information obtained by a dentist, nurse, clinician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of our healthcare team will record the actions they took and their observations. In that way, the health care team will know how you are responding to treatment.

*We will use your health information for payment*

**For Example:** If you have a charge you may receive an invoice at the time of the visit. The information on or accompanying the invoice may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for operations.*

**For Example:** Members of the Access Endodontics Staff may use information in your dental record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

### Other Permitted or Required Uses and Disclosures

**Notification:** With your authorization, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with Family:** With your Authorization, health professionals, using their best judgment, may disclose to a family member, or relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Legal:** We must disclose health information for law enforcement purposes in applicable cases of abuse, neglect or violence, in response to a valid subpoena or as otherwise required by law.

**NOTE:** Except as described in this notice, we must obtain your specific written authorization for any other release of your health information. If you sign an authorization form, you may withdraw your authorization at any time in writing. This Notice is effective as of April 14, 2003.