

Notice of Privacy Practices

This notice describes how medical information about you may be used and how you can get access to this information. Please review it carefully. If you have any questions about this Notice or regarding the privacy of your medical information, please contact the Privacy Officer @ 336-789-5306.

Effective Date: October 16, 2013

Revised: December 20, 2019

We are committed to protecting the privacy of your protected health information (PHI). This Notice of Privacy Practices (Notice) describes how we may use within our practice and disclose (share outside our practice) your protected health information to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice.

We may change our Notice at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by:

- Posting the new Notice in our office.
- If requested, making copies of the new Notice available in our office or by mail.
- Posting the revised Notice on our website.

Uses and Disclosures of Protected Health Information

We may use or disclose (share) your PHI to provide health care treatment for you. Your PHI may be used and disclosed by our health care providers, our office staff and others that are involved in your care and treatment for the purpose of providing health care services to you. We may also share your PHI with people outside of our practice that may provide medical care for you, such as home health agencies or your physician.

We may use and disclose your PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for.

PHI may be shared with the following:

- Billing companies
- Insurance companies, health plans
- Government agencies in order to assist with qualification of benefits
- Collection agencies

We may use or disclose, as needed, your PHI in order to support the business activities of this practice which are called health care operations.

We may use and disclose your PHI in other situations without your permission:

- If required by law: The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, we may be required to report suspected abuse or neglect.
- Public health risks: The disclosure will be made for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- Health oversight agencies: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- Legal proceedings: if you are involved in a lawsuit or dispute, we may be required to release PHI in response to a court order. We may also disclose medical information about you in response to a subpoena or other lawful process.
- Police or other law enforcement purposes: The release of PHI will meet all applicable legal requirements for release.
- Coroners, medical examiners and funeral directors: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law.
- Medical research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- Special government purposes: Information may be shared for national security purposes or, if you are a member of the military, to the military under limited circumstances.
- Correctional institutions: Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of other individuals.
- Workers' compensation: Your PHI may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally-established programs.

Other uses and disclosures of your health information.

- Business associates: Some services are provided through the use of contracted entities called “business associates.” We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your health information. They are also required to do so by law.
- Health information exchange: We may make your health information available electronically to other healthcare providers outside our facility who are involved in your care.
- Treatment alternatives: We may use and disclose medical information to recommend or provide you with information about possible treatment options.
- Appointment reminders: We may contact you as a reminder about upcoming appointments or treatment.

We may use or disclose your PHI in the following situations UNLESS you object.

- We may share your information with friends or family members or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider will use professional judgment to determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information.
- We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.
- We may use or disclose your medical information to an authorized public or private entity to assist in disaster relief efforts.

The following uses and disclosures of PHI require your written authorization:

- Marketing
- Disclosures for any purposes which require the sale of your information

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative. Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

Your Privacy Rights

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing. You can obtain a written request document or information about making this written request from the Privacy Officer.

You have the right to see and obtain a copy of your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record for as long as we maintain the protected health information. If requested, we will provide you a copy of your records. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records.

You have the right to request a restriction of your protected health information. You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request, we will honor the restriction request unless the information is needed to provide emergency treatment. There is one exception: we must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.

You have the right to request for us to communicate in different ways or in different locations. We will agree to reasonable requests. We will not ask for an explanation from you about the request. We may also request an alternative address or other method of contact, such as mailing information to a post office box.

You may have the right to request an amendment of your health information. You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

You have the right to a list of people or organizations who have received your health information from us. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after October 16, 2013. You may request them for the previous six years or a shorter period of time. If you request more than one list within a 12 month period you may be charged a reasonable fee.

Additional Privacy Rights

- You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible.
- You have a right to receive notification of any breach of your protected health information.

Complaints

If you think we have violated your rights or you have a complaint about our privacy practices you can contact:

Lynette L. Smith, DDS
933 Rockford Street, Ste. #7
Mount Airy, NC 27030
336-789-5306

You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated. You will not be penalized for filing a complaint.