Children's Dental Health Associates

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the 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 upon request. You may request 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

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. We may also disclose your PHI for public health purposes, research purposes or for treatment and payment purposes, to a business associate for activities that the business associate undertakes on behalf of the covered entity, for the sale, transfer, merger, or consolidation of the covered entity and for related due diligence, or to an individual when requested under the accounting of disclosures rule or as required by law.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. You have the right to choose to not have information sent to you insurance carrier under the following situations:

1) If you have paid for your services out of pocket in full (NOTE: prior visit information may be disclosed to your plan should you revisit us and require us to send information to obtain payment for subsequent visits)
2) If your insurance plan requests the information to disclose that information to the sponsor of your plan
3) If your insurance plan requests the information for underwriting purposes

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information 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 an **a**uthorization, you may revoke it in writing at any time. Your revocation 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 health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services by the company or a Third Party, Sale of PHI (Personal Health Information), Fundraising, or Psychotherapy Notes: We will not use your health information for marketing communications, sale of PHI, fundraising or for Psychotherapy Notes without your written authorization. Marketing by the company or Third Party may be handed or provided to the patient at time of the visit and is not considered a violation of the Privacy Practices of this office. We are required to provide you with a disclosure should any of the marketing by the company result in financial remuneration (monies paid to the company for marketing their product to its consumers) to the company. We are also required to provide you with a "clear and conspicuous" opportunity to opt out of receiving any future fundraising communications should we receive your authorization to participate in fundraising (such as an 800 number, email, pre-paid post cards). We cannot condition treatment or payment based on an individual's choice with respect to the receipt of fundraising communications.

Required by Law: We may use or disclose your health information when we are required to do so by law. Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health

information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, emails or letters).

PATIENT RIGHTS

Access: You have the right to look at or obtain copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You may also request that your information be provided to another third party such as a dentist or physician.
(You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. Please note that per state requirements we have up to 30 days to complete such requests. You may request the information to be expedited. The ability for this to be completed will lie solely at the discretion of the Practice Manager. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you $1.00 for each page, $10.00 per hour for staff time to copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

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

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. {You must make your request in writing.} Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (email), you are entitled to receive this Notice in written form.

Breach Notice: The Company keeps both hard-copy documents and electronic information on each of their patients. There is a presumption made the impermissible acquisition, access, use or disclosure is a breach unless the company can demonstrate there is a low probability that the privacy or security of the PHI has been compromised based on a four factor risk assessment. As such, the company is required to provide a Breach Notice regarding both encrypted and non-encrypted PHI. Any affected individuals will be notified, via certified mail in writing, of a breach of secured or unsecured PHI in accordance with the PA Breach of Personal Information Notification Act (73 P.S. §§ 2301). This includes a breach acknowledged by the company itself or another vendor whom the company has a Business Associate Agreement with that is required to protect and secure PHI for the company. In addition, the breach may be reported to any consumer reporting agencies that compile and maintain files on consumers on a nationwide basis as defined in Section 603 of the Fair Credit Reporting Act if the breach affects more than 1,000 persons at one time. Any notifications may be delayed if law enforcement officials determine that a notification would impede any criminal or civil investigation. This act permits "substitute notice" consisting of email notice, conspicuous posting of the notice on the business website and notification to major statewide media if the cost of providing the notice would exceed $100,000 or the affected class of people to be notified exceeds 175,000 or if the business does not have sufficient contact information.

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 health information or in response to a request you made to amend or restrict the use or disclosure of your health information 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 health information. 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.

Contact Officer: Brook Murphy_____
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