



HIPAA Notice of Privacy Practices

Effective January 1, 2017

Gordon Family Dental
1020 South 1100 West, Suite A, Lehi, UT 84043
801-766-6344

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.

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "Protected Health Information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclosed your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, submitting information to your insurance on your behalf to receive payment for services completed in our office.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. The activities include, but are not limited to, quality assessment, employee review, training of medical/dental students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your PHI to Dental Assisting students that intern and see patients in our office. In addition, we may also call you by name in the reception area when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointments, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use or disclose your PHI in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, in response to a court order or subpoena, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your PHI when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under section 164.500

Other Permitted and Required Uses and Disclosures will be made only with your consent, **authorization** or opportunity to object unless required by law. We are required by law to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described in this notice and give you a copy of it. **You may revoke the authorization**, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization. We must follow the duties and privacy practices described here in this notice.

For more information please visit:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

YOUR RIGHTS

The following are statements of your rights with respect to your PHI.

You have rights to the following: (fees may apply) - You may request a paper or electronic medical record, correct your paper or electronic medical record, request confidential communication, ask us to limit the information we share, obtain a list of those with whom we've shared your information, obtain a copy of this privacy notice, choose someone to act for you, file a complaint if you believe your privacy rights have been violated.

You have the right to inspect and copy your PHI (fees may apply) - Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, PHI restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or another person, or information that was obtained under a promise of confidentiality. You can request to see or get an electronic or paper copy of your medical record and other PHI. We will provide a copy of summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. There are times where an extension of no more than 30 days for a total of 60 days may be necessary. We must notify you in writing if we are unable to complete your request in 30 days.

You have the right to request a restriction of your PHI - This means you may ask us not to use or disclose any part of your PHI and by law we must comply when the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. By law, you may not request that we restrict the disclosure of PHI for treatment purposes.

You have the right to request to receive confidential communications - You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically. We will say "yes" to all reasonable requests and will provide in writing any requests that we deem to be unreasonable.

You have the right to request an amendment to your PHI - If we deny your request for an amendment, you have the right to file a statement of disagreement with us as we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures - You have the right to receive an accounting of all disclosures except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to December 31, 2011, or six years prior to the date of this request.

You may choose the way we use and share your PHI - You may direct how we communicate with the following: tell friends and family about your condition, provide disaster relief, include you in a clinic directory, provide mental healthcare, market our services and see your information, or raise funds. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. In these cases, we never share your information without your written permission: marketing purposes, sale of your information, sharing of psychotherapy notes. In case of fundraising, we can contact you for fundraising efforts, but you can tell us not to contact you again.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer or your complaint. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to PHI. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Please sign the accompanying "Acknowledgement" form. Please note that by signing the Acknowledgement form you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.