



HEALTH INFORMATION DISCLOSURE AND ACCESS: FOR MORE DETAIL, PLEASE REQUEST A FORMAL COPY OF OUR POLICY AT THE FRONT DESK.

Each time you visit a healthcare provider, a record of your care is created. Typically, this record contains (medical/dental) health information such as your symptoms, examination, test results, diagnoses, treatment and/or treatment plan and billing-related information. This information is considered protected health information (PHI).

This Notice is intended to advise you about the ways we may use and disclose health information about you. It also describes your rights and certain obligations with regard to your health information and applies to all of the records of your care generated by your healthcare provider(s) for our organization.

Our Responsibilities

Beyond Dental Health is required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on 9/23/13 and will remain in effect until we replace it. We are required by law to abide by the terms of this Notice and notify you if changes are made. We reserve the right to make changes to the Notice and make the new provisions effective for all protected health information we maintain. **Copies of our Notice are available in our main reception area(s).** You may request a copy of the NPP at any time.

How We May Use and Disclose Health Information About You. We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

Permitted Disclosure Practices: For Treatment, For Payment, For Health Care Operations.

Breach Notification: In the event that there has been a breach of unsecured protected health information (PHI) identified on behalf of our organization or a BA you will be notified within at least 60 days of the breach. In addition to your individual notification, we may be required to meet further reporting requirements set forth by state and federal agencies.

Uses and Disclosures That May Be Made *With Your Consent, Authorization or Opportunity to Object*

We will not use and disclose information without your written authorization, except as described in this Notice or as required by applicable laws. Written authorization is required for, most uses and disclosures of psychotherapy notes; PHI for marketing purposes unless we speak with you and disclosures that constitute a sale of PHI. If you provide an authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your authorization.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may release health information about you to a friend or family member who is involved in your health care or who helps to pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Future Communications: We may communicate with you via various means regarding treatment options and information on health-related benefits or services; to remind you that you have an appointment; or other community-based initiatives. You have the right to **opt out** at any time **if you are not interested in receiving these communications or methods of communications.**

Uses and Disclosures That May Be Made *Without Your Authorization or Opportunity to Object.* We may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include: As required by law, law enforcement/legal proceedings, state-specific requirements.

Your Health Information Rights

Although your health record is the physical property of the practice that compiled it, you have the right to inspect and copy records, request copies of your records, ask us to amend information, request an accounting of our disclosures, request restrictions of use of your information, request confidential communications.

For More Information or to Report a Problem

If you have questions and would like additional information, please contact the Privacy Officer. If you believe that your (or someone else's) privacy rights may have been violated, you may file a complaint with the Privacy Officer at the contact number below or with the Secretary of Health and Human Services at 800-368-1019. Further instructions for filing a complaint can also be found at www.hhs.gov/ocr. All complaints must be submitted in writing within 180 days of when you knew that the act or omission occurred. There will be no retaliation for filing a complaint.