



# HIPAA: Notice of 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. Changes on this notice will not be honored.

**YOU WILL BE ASKED TO ACKNOWLEDGE THAT YOU HAVE RECEIVED OUR NOTICE OF PRIVACY PRACTICES.**

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We understand that information about you and your health is very personal and therefore, we will strive to protect your privacy as required by law. We will only use and disclose your personal health information ("PHI"), as allowed by applicable law.

We are committed to excellence in the provision of state-of-the-art health care services through the practice of patient care, education, and research. Therefore, as described below, your health information will be used to provide you care and may be used to educate health care professionals and for research. We train our staff and workforce to be sensitive about privacy and to respect the confidentiality of your PHI.

We are required by law to maintain the privacy of our patients' PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice of Privacy Practices so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice of Privacy Practices effective for all PHI maintained by us. You may receive a copy of any revised notice at any of our hospitals or doctors' offices, or a copy may be obtained by mailing a request to A Family Dental Care Center, 2030 West Main Street Suite #9, Norristown, PA 19403.

The terms of this Notice of Privacy Practices apply to the following entities owned and operated by A Family Dental Care Center. This Notice of Privacy Practices does not apply when visiting a non-affiliated practice.

## **USES AND DISCLOSURES OF YOUR PHI**

The following categories detail the various ways in which we may use or disclose your PHI. For each category of uses or disclosures, we will give you illustrative examples. It should be noted that while not every use or disclosure will be listed, each of the ways we are permitted to use or disclose information will fall into one of the following categories.

### **Your Authorization.**

In specific situations, A Family Dental Care Center will not use or disclose your PHI without you signing an authorization form. This form will describe what information will be disclosed, to whom, for what purpose, and when. You have the right to revoke this authorization in writing.

Except as outlined below, we will not use or disclose your PHI for any other purpose unless you have signed a form authorizing the use or disclosure.

### **Uses and Disclosures for Treatment.**

We will use and disclose your PHI as necessary for your treatment. For instance, doctors, nurses, and other professionals involved in your care will use information in your medical record to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also disclose your PHI to institutions and individuals outside of A Family Dental Care Center that are or will be providing treatment to you.

## **Uses and Disclosures for Payment.**

We will make uses and disclosures of your PHI as necessary for payment purposes, subject to your right to Request Restrictions on Disclosures to your Health Plan as outlined below. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

## **Uses and Disclosures for Health Care Operations.**

We will use and disclose your PHI as necessary, and as permitted by law, for health care operations. This is necessary to run A Family Dental Care Center and to ensure that our patients receive high quality care and that our health care professionals receive superior training. For example, we may use your PHI in order to conduct an evaluation of the treatment and services we provide, or to review the performance of our staff. Your health information may also be disclosed to doctors, nurses, staff, medical students, residents, fellows and others for education and training purposes.

## **Persons Involved In Your Care.**

Unless you object, we may, in our professional judgment, disclose to a member of your family, a close friend, or any other person you identify, your PHI, to facilitate that person's involvement in caring for you or in payment for your care. We may use or disclose your PHI to assist in notifying a family member, personal representative or any other person that is responsible for your care of your location and general condition. We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

## **Appointments and Services.**

We may use your PHI to remind you about appointments or to follow up on your visit.

## **Health Products and Services.**

We may, from time to time, use your PHI to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you.

## **Business Associates.**

Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our payment/billing activities and health care operations. In such cases, we require these business associates and any of their subcontractors, to appropriately safeguard the privacy of your information.

## **Other Uses and Disclosures.**

- We may release your PHI for any purpose required by law.
- We may release your PHI for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations.
- We may release your PHI to certain governmental agencies if we suspect child abuse or neglect; or if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may release your PHI to entities regulated by the Food and Drug Administration, if necessary, to report adverse events, product defects, or to participate in product recalls.
- We may release your PHI to your employer when we have provided health care to you at the request of your employer for purposes related to occupational health and safety; in most cases you will receive notice that your PHI is being disclosed to your employer.
- We may release your PHI if required by law to a government oversight agency conducting audits, investigations, inspections and related oversight functions.
- We may use or disclose your PHI in emergency circumstances, such as to prevent a serious and imminent threat to a person or the public;
- We may release your PHI if required to do so by a court or administrative order, subpoena or discovery request; in most cases you will have no-tice of such release;
- We may collect personal information such as your name, phone number, email address, appointment details, and limited health information necessary to provide dental care and related services. This information is used solely for treatment, payment, healthcare operations, and practice-related communications, including appointment reminders and important notifications.
- If you opt in to receive SMS text messages or emails from us, these communications may include appointment reminders, confirmations, recall or reactivation messages, and requests to complete required forms prior to your visit.
- No mobile information will be shared with third parties or affiliates for marketing or promotional purposes. Information may be shared only with service providers or subcontractors that support our operations (such as messaging or customer service platforms) and only as necessary to deliver our services in compliance with HIPAA.
- All other use case categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties. You may opt out of SMS messages at any time by replying STOP. You may opt out of emails using the unsubscribe link or by contacting our office.

- We may release your PHI to law enforcement officials to identify or locate suspects, fugitives, witnesses, or victims of crime, or for other allowable law enforcement purposes;
- We may release your PHI to coroners, medical examiners, and/or funeral directors;
- We may release your PHI, if necessary, to arrange an organ or tissue donation from you or a transplant for you;

### **Confidentiality of Alcohol and Drug Abuse Patient Records, HIV-Related Information, and Mental Health Records.**

The confidentiality of alcohol and drug abuse treatment records, HIV-related information, and mental health records maintained by us is specifically protected by state and/or Federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in limited and regulated other circumstances.

### **RIGHTS THAT YOU HAVE**

#### **Access to Your PHI.**

Generally, you have the right to access, inspect, and/or receive paper and/or electronic copies of the PHI that we maintain about you. Unless you are currently a patient at our practice, requests for access must be made in writing and be signed by you or your representative. We will charge you for a copy of your medical records in accordance with a schedule of fees established by applicable state law. You may obtain an access request form from the doctor's office you visited

Amendments to Your PHI. You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. Please note that even if we accept your request, we may not delete any information already documented in your medical record. You may obtain an amendment request form from the doctor's office you visited.

### **Restrictions on Disclosures to Health Plans.**

You have the right to request a restriction on certain disclosures of your protected health information to your health plan. We are only required to honor such requests for restriction when you or someone on your behalf, other than your health plan, pay for the health care item(s) or service(s) in full. Such requests must be made in writing, and should identify the services that the restriction will apply to. You may obtain a restriction request form from the doctor's office you visited.

Please note that A Family Dental Care Center is not required to inform any other providers of your request not to disclose your PHI to a health plan, but will attempt to do so where feasible.

### **Confidential Communications.**

You have the right to request communications regarding your PHI from us by alternative means or at alternative locations and we will accommodate reasonable requests by you. You must request such confidential communication in writing to each department to which you would like the request to apply.

### **Breach Notification.**

We are required to notify you in writing of any breach of your unsecured PHI as soon as possible, but in any event, no later than 60 days after we discover the breach.

### **Paper Copy of Notice.**

As a patient, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means. Our Notice may also be obtained on our website at

## **ADDITIONAL INFORMATION**

### **Complaints.**

If you believe your privacy rights have been violated, you may file a complaint in writing with the doctor's office you visited. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. All complaints must be made in writing and in no way will affect the quality of care you receive from



**For further information.**

If you have questions or need further assistance regarding this Notice of Privacy Practices, you may contact us in writing at: A Family Dental Care Center, 2030 West Main Street, Norristown, PA 19403 | 1008 Fayette Street, Conshohocken, PA 19428 or by telephone at (610) 631-3400 | (610) 828-3400, or by e-mail at [info@afamilydentalcarecenter.com](mailto:info@afamilydentalcarecenter.com)

**Effective Date. This Notice of Privacy Practices is effective September 23, 2013.**