

NOTICE OF PRIVACY PRACTICES

*Cahaba Heights Pediatric Dentistry
Andrew Richardson, D.M.D.*

THIS NOTICE DESCRIBES HOW YOUR DENTAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY.

Cahaba Heights Pediatric Dentistry uses health information about you or your child for treatment, payment and health care operations. Your health information is contained in paper and electronic records that are the property of **Cahaba Heights Pediatric Dentistry**.

In our office, all staff members have full access to every patient's private health information, including accounting records and personal information. All staff members are able to perform each other's duties, **with the exception of hygiene treatment**, within limits, and therefore require access to the patient's entire record.

All staff members are trained regarding **Cahaba Heights Pediatric Dentistry's** Privacy Policy. All new hires are to be trained within 30 days of their employment. Until training is completed for new hires, access to patient's protected health information will be restricted as defined by their individual job duties.

Use or Disclosure of Your Health Information

For Treatment:

Cahaba Heights Pediatric Dentistry may use your health information to provide you with dental treatment and services. Information obtained by **Cahaba Heights Pediatric Dentistry** will be included in your dental records that are related to your treatment. This information is necessary to determine what treatment is recommended for you. Our office will also record dental treatment and services we provide for you in the course of your dental care and note how you respond to the dental treatment and services. Your protected health information can be provided to other health care providers for treatment purposes without restriction. This may include but is not limited to, other dentists, physicians, pharmacies, dental laboratories, and other health care providers involved in your treatment.

For Payment:

Cahaba Heights Pediatric Dentistry may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. A claim may be sent to your insurance carrier from our office. For your insurance carrier to make payment based upon your dental benefits coverage, information on the claim will include data that identifies you, your diagnosis and treatment or supplies used in the course of treatment. Claims may be processed on paper or submitted electronically. Our office may contact persons other than the patient necessary to obtain payment for health care services. This may include, but is not limited to, spouses, parents, grandparents, guardians, and collection agencies. Disclosure of only minimum necessary information will be provided.

For Health Care Operations:

Cahaba Heights Pediatric Dentistry may use and disclose health information about you for operational purposes. Your dental information may be disclosed to your dental insurance carrier to:

- Evaluate the performance of our dental practice
- Assess the quality of care and outcomes in your cases and similar cases
- Learn how to improve our services to you

Appointments/Reminder Calls:

Cahaba Heights Pediatric Dentistry may use your information to provide appointment reminders or information about treatment and treatment alternatives or other dental-related benefits and services that may be of interest to you. A reminder phone call may be left at your home or place of business to confirm an appointment date and time.

Required by Law:

Cahaba Heights Pediatric Dentistry may use and disclose information about you as required by law for the following purposes.

- For judicial and administrative proceedings pursuant to legal authority
- To report information related to victims of abuse, neglect or domestic violence
- To assist law enforcement officials in their law enforcement duties.

Public Health:

Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.

Decedents:

Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Research:

Cahaba Heights Pediatric Dentistry may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Health and Safety:

Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions:

Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of protected health information.

Your Health Information Rights

You are not required to waive your rights under the privacy regulation as a condition of treatment by **Dr. Andrew M. Richardson**.

Written consent is not required as a condition of treatment by **Dr. Andrew M. Richardson**, however, by signing the Acknowledgement of Receipt of Notice of Privacy Practices, you are stating that you have read and understand our privacy policies. If you disagree with any of our policies, you have the right to request that we restrict the disclosure of your Protected Health Information. We are not required to agree to such restrictions. If we agree to a restriction that you request, such restriction will be binding.

You have the right to:

- Request a restriction on certain uses or disclosures of your protected health information, however, **Cahaba Heights Pediatric Dentistry** is not required to agree to a requested restriction.
- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Request to inspect and amend your dental records, as of April 1, 2005. Requests may be denied.
- Request communications of your dental information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose dental information except to the extent that action has already been taken.
- Receive an accounting of disclosures made of your information by your dentist.

Complaints

You may submit complaints to your dentist, insurance carrier and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Complaints must be submitted in writing, and addressed to our Privacy Officer:

Vanessa Letson
Cahaba Heights Pediatric Dentistry
4213 Dolly Ridge Rd.
Birmingham, AL 35243

A HIPAA Privacy Complaint form is available upon request.

Complaints may also be submitted in writing to:

Region IV, Office for Civil Rights
U.S. Department of Health & Human Services
Sam Nunn Atlanta Federal Center, Suite
16T70
Atlanta, GA 30303

If you have questions regarding submission of complaints to the Department of Health & Human Services, you may call or fax: Phone 1-800-368-1019; fax 1-404-562-7881

Complaints will be documented in the patient's dental record and addressed accordingly. We will make every attempt to resolve the issue within 30 days. We reserve the right to extend the resolution date should the circumstance require. Immediate steps within our capabilities to lessen any harmful effect of the disclosure will be taken as soon as the violation has been brought to our attention.

Obligations of Cahaba Heights Pediatric Dentistry

Cahaba Heights Pediatric Dentistry is required to:

- Maintain the privacy of protected health information
- Provide you with this notice of the legal duties and privacy practices with respect to your health information
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.
- Document disclosures of PHI, whether permitted or not. Exceptions include but are not limited to: pursuant to an authorization, incidental disclosures, and disclosures that are part of a limited data set.

Cahaba Heights Pediatric Dentistry reserves the right to change their privacy practices and to make new provisions effective for all protected health information they maintain. As notices are revised, copies will be available for review in the office within sixty (60) days of making the change.

If you have any questions or complaints, or if you do not want to provide your consent to your dentist to use your protected health information for purposes of payment and/or health care operations, please submit a letter of denial to provide consent to:

Vanessa Letson
Cahaba Heights Pediatric
Dentistry
4213 Dolly Ridge Rd.
Birmingham, AL 35243