

PRIVACY POLICY NOTICE

Duncan, Jennifer, D.D.S.

HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT of 1996

This notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information. Please carefully review.

Uses and Disclosures

Our office must provide you, the patient, a description and an example of the types of uses and disclosures of your protected health information that our office is permitted by law, to make for the purpose of treatment, payment and health care operations. (All uses and disclosures, by the way, are permitted by law without authorization by the patient.)

Treatment - This office will use and disclose your protected health information (PHI) for the purpose of treatment and management of your health care, with the provision, in coordination with related services. Example, we will disclose your PHI to coordinate benefits with a third - party payer, or for consultation between our office and a specialist as required for your health care needs.

Payment - Our office will use and disclose the minimum amount of your PHI necessary to obtain payment for services rendered. For example, this will include disclosure of treatment plan with your insurer to determine eligibility and coverage allowed by your benefits plan.

Public health activities - Our office will use and disclose the minimum necessary amount of your PHI to public health authorities for reasons such as, but not limited to, child abuse and neglect, domestic violence or for prevention or controlling disease or injuries. We may disclose your PHI to a coroner or medical examiner, for the purpose of identifying a deceased person, determining the cause of death or to a funeral director to carry out their duties with respect to the deceased individual.

Judicial, Law enforcement agencies, oversight activities, Government - Our office may use and disclose the minimum necessary amount of your PHI to a law enforcement agency, correctional institution, to any judicial or administrative proceeding, to a health oversight agency for oversight activities, Armed forces for military and veterans activities, also for national security and intelligence activities, for protective services for the U.S. president and others, authorized by law, if required to do so.

Safety and Worker compensation - Our office may use or disclose the minimum necessary amount of your PHI if we believe so in preventing or to lessen a serious and imminent threat to the safety or health of a person or the public. We may use or disclose your PHI as authorized by and to the extent necessary to comply with laws related to worker's compensation or similar programs.

Business associates and contract labor - Our office may disclose the minimum necessary amount of your PHI to a business associate or to contract laborer, such as substitute hygienists, to create or to receive your PHI on our behalf **only** if the business associate or contract laborer has agreed in writing to appropriately safeguard the information.

Patient Directory - Our office may use or disclose the minimum necessary amount of your PHI to maintain a daily patient directory in the office. This directory discloses your name, location in the office, your condition described in general terms. If you do not agree, prior notice can be given to the office so that safeguards can be placed. In cases of emergencies when we must exercise professional judgment to determine whether use and disclosure of this information is in your best interest.

Daily patient charts will be placed in or located near treatment rooms. For example, the charts will be in chart holders on the doors or next to the door of the treatment room. Remaining charts are stored in filing cabinets behind front desk and along wall in the office. We will safeguard PHI from any intentional or unintentional use or disclosures that violate the privacy laws.

Appointment reminders, Family and relatives - Our office may use or disclose the minimum necessary amount of your PHI when contacting you to provide appointment reminders or information about treatment, payments, health benefits or other health related services. Use and disclosure of your PHI that is relevant to other family members, relatives or a close personal friend or some one else identified by you in relation to treatment or payment for services.

Office Duties & Complaints - Our office reserves the right to change or amend the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. Patients may file a complaint with our office and with the U.S. Department of Health and Human Services if they feel their rights have been violated. Complaints must be filed in writing within 180 days of when you knew or should have known that the alleged violation occurred. Please request a complaint form from our privacy director. Please be assured, patients who file a complaint will not be denied services.

Privacy Directors:

Sandy Sterns and Michelle Scherzer