

GREENVILLE FAMILY DENTISTRY'S

Notice of Privacy Practices



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

Greenville Family Dentistry
Roger Harris, DMD
<https://www.greenvillefamilydentistrysc.com/>

864-877-9111
920 S. Batesville Road
Greer, SC 29650

Privacy Officer – Renee Wooten
Renee@gf-dentistry.com

Effective date: April 19, 2019

This is a summary of how we may use and disclose your protected health information and your rights and choices when it comes to your information. We will explain these in more detail on the following pages.

Our Uses and Disclosures

We may use and disclose your information as we:

- Treat you.
- Bill for services.
- Run our organization.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, or other government requests.
- Respond to lawsuits and legal actions.

Your Choices

You have some choices about how we use and share information as we:

- Communicate with you.
- Tell family and friends about your condition.
- Provide disaster relief.
- Market our services.

Your Rights

You have the right to:

- Get a copy of your paper or electronic protected health information.
- Correct your protected health information.
- Ask us to limit the information we share, in some cases.
- Get a list of those with whom we've shared your information.
- Request confidential communication.
- Get a copy of this privacy notice.
- File a complaint if you believe we have violated your privacy rights.

Purpose

We respect your privacy. We are also legally required to maintain the privacy of your protected health information (**PHI**) under the Health Insurance Portability and Accountability Act (**HIPAA**). As part of our commitment and legal compliance, we are providing you with this Notice of Privacy Practices (**Notice**). This Notice describes:

- Our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of your unsecured PHI.
- Our permitted uses and disclosures of your PHI.
- Your rights regarding your PHI.

Contact

If you have any questions about this Notice, please contact: Privacy Officer – Renee Wooten at 864-877-9111 or Renee@gf-dentistry.com

PHI Defined

- Is health information about you:
 1. From which someone may identify you; and
 2. Which we keep or transmit in electronic, oral, or written form.
- Excludes employment records that your employer may hold.
- Includes information such as your:
 1. Name;
 2. Contact information;
 3. Past, present, or future physical or mental health or medical conditions;
 4. Payment for health care products or services; or
 5. Prescriptions

Scope

We create a record of the care and health services you receive, to provide your care, and to comply with certain legal requirements. This Notice applies to all the PHI that we generate. We follow and our employees and other workforce members follow the duties and privacy practices that this Notice describes and any changes once they take effect.

Changes to this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Data Breach Notification

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI. We will notify you no later than 60 days after we discover the breach. Most of the time, we will notify you in writing, by first-class mail, or we may email you if you have provided us with your current email address and you have previously agreed to receive such notices electronically. In some circumstances, our business associates, which are described in more detail below, may provide the notification. In certain limited circumstances when we have insufficient or out-of-date contact information, we may provide notice in a legally acceptable alternative form.

Uses and Disclosures of Your PHI

The law permits or requires us to use or disclose your PHI for various reasons, which we explain in this Notice. We have included some illustrative examples, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request about your PHI to the minimum we need to accomplish our intended purpose.

Uses and Disclosures for Treatment, Payment, or Health Care Operations

- **Treatment.** We may use or disclose your PHI and share it with other professionals who are treating you, including doctors, nurses, technicians, medical students, or other hospital personnel involved in your care. For example, we might disclose information about your overall health condition with physicians who are treating you for a specific injury or condition.
- **Payment.** We may use and disclose your PHI to bill and get payment from health plans or others. For example, we share your PHI with your health insurance plan so it will pay for the services you receive.
- **Health Care Operations.** We may use and disclose your PHI to run our practice and improve your care. For example, we may use your PHI to manage the services you receive or to monitor the quality of our health care services.

Other Uses and Disclosures

We may share your information in other ways, usually for public health or research purposes or to contribute to the public good. For more information on permitted uses and disclosures, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. For example, these other uses and disclosures may involve:

- **Our Business Associates.** We may use and disclose your PHI to certain outside persons or entities that perform certain services on our behalf, such as auditing, legal, or transcription (**Business Associates**). The law requires our business associates and their subcontractors to protect your PHI in the same way we do. We also contractually require these parties to use and disclose your PHI only as permitted and to appropriately safeguard your PHI.
- **Legal Compliance.** For example, we will share your PHI if the Department of Health & Human Services requires it when investigating our compliance with privacy laws.
- **Public Health and Safety Activities.** For example, we may share your PHI to:
 - report injuries, births, and deaths;
 - prevent disease;
 - report adverse reactions to medications or medical device product defects;
 - report suspected child neglect or abuse or domestic violence; or
 - avert a serious threat to public health or safety.
- **Responding to Legal Actions.** For example, we may share your PHI to respond to:
 - a court or administrative order or subpoena;
 - discovery request; or
 - other lawful process.
- **Medical Examiners or Funeral Directors.** For example, we may share PHI with coroners, medical examiners, or funeral directors when an individual dies.
- **Workers' Compensation, Law Enforcement, or Other Government Requests.** For example, we may use and disclose your PHI for:
 - workers' compensation claims;
 - health oversight activities by federal or state agencies;
 - law enforcement purposes or with a law enforcement official; or
 - specialized government functions, such as military and veterans' activities, national security and intelligence, presidential protective services, or medical suitability.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please contact Privacy Officer, Renee Wooten, at (864) 877-9111 or Renee@gf-dentistry.com and we will make reasonable efforts to follow your instructions.

You have both the right and choice to tell us whether to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

We may share your information if we believe it is in your best interest, according to our best judgment, and:

- If you are unable to tell us your preference, for example, if you are unconscious.
- When needed to lessen a serious and imminent threat to health or safety.

Uses and Disclosures that Require Authorization

In these cases we will only share your information if you give us written permission:

- Marketing our services.
- Other uses and disclosures not described in this Notice.

You may revoke your authorization at any time, but it will not affect information that we already used and disclosed.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

- **Inspect and Obtain a Copy of Your PHI.** You have the right to see or obtain an electronic or paper copy of the PHI that we maintain about you (**right to request access**). Some clarifications about your access rights:
 - we may require you to make access requests;
 - we may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request;
 - if you request a copy of your PHI, we will generally decide to provide or deny access within 30 days[, however, if we cannot act within 30 days, we will give you a reason for the delay in writing and when you can expect us to act on your request; and
 - we may deny your request for access in certain limited circumstances.
- **Make Amendments.** You may ask us to correct or amend PHI that we maintain about you that you think is incorrect or inaccurate.
- **Request Additional Restrictions.** You have the right to ask us to limit what we use or share about your PHI (**right to request restrictions**). You can contact us and request us not to use or share certain PHI for treatment, payment, or operations or with certain persons involved in your care. For these requests:
 - we are not required to agree;
 - we may say "no" if it would affect your care; and
 - we will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you or another person, other than the health plan, paid in full out-of-pocket, if it is not otherwise required by law.
- **Request an Accounting of Disclosures.** You have the right to request an accounting of certain PHI disclosures that we have made. For these requests:
 - we will respond no later than 60 days after receiving the request;
 - we will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make); and
 - we'll provide one accounting a year for free.
- **Choose Someone to Act for You.** 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 PHI.
- **Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a specific address. For these requests:
 - you must specify how or where you wish to be contacted; and
 - we will accommodate reasonable requests.
- **Make Complaints.** You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:
 - directly with us by contacting Privacy Officer, Renee Wooten, at Renee@gf-dentistry.com; or
 - with the Office for Civil Rights at the U.S. Department of Health and Human Services by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

ACKNOWLEDGMENT OF RECEIPT

I, _____ (individual's name), acknowledge that on _____ (date), I received a copy of Greenville Family Dentistry's Notice of Privacy Practices and that I read and understood it. I understand that:

- I have certain rights to privacy regarding my PHI.
- Greenville Family Dentistry can and will use my PHI for purposes of my treatment, payment, and health care operations.
- The Notice explains in more detail how Greenville Family Dentistry may use and share my PHI for other purposes.
- I have the rights regarding my PHI listed in the Notice.
- Greenville Family Dentistry has the right to change the Notice from time to time & I can obtain a current copy of the Notice by contacting Privacy Officer, Renee Wooten, at (864) 877-9111 or Renee@gf-dentistry.com

Signature of patient (parent or legal guardian if minor): _____ Relationship to Patient: _____

Printed Name: _____ Date: _____

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

This form authorizes Greenville Family Dentistry to release protected health information, which may include dental records, past, present or future appointments, updates on the patients' condition after a procedure, future procedures, and or medications, about the patient named below, at the request of the patient, to the people listed (e.g. spouse, parent, sibling) by means of phone calls and voice mails/answering machine messages.

This information may be released to the following:

- Patient's voice mail/answering machine.
- Voice mail/answering machine of any one of the individuals listed below.

}	_____	_____
	Name/Relationship to patient	Phone
	_____	_____
	Name/Relationship to patient	Phone
	_____	_____
	Name/Relationship to patient	Phone

I understand that this authorization is effective as long as I am a patient of Greenville Family Dentistry, unless earlier revoked. I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in the document by sending a written notification to Greenville Family Dentistry or by emailing Office Manager, Renee Wooten, at Renee@gf-dentistry.com. I understand that a revocation is not effective in cases where the information has already been disclosed.

I understand that information used or disclosed as a result of this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditioned upon signing. This authorization shall be in effect until revoked by the patient.

FOR OFFICE USE ONLY:

Good Faith Effort to Obtain Acknowledgement Form

Name of [Patient]: _____ Date of Birth: _____

I attempted to obtain the patient's (or the patient's representative's) signature on the HIPAA Notice of Privacy Practices Acknowledgment Form, but was unable to do so as documented below:

Reason: _____ Employee Name: _____

Date: _____ Signature: _____