

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, to be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. As required by law, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and discuss your health care records for the purposes of treatment, payment and health care operations.

* **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. For example, we may need to share information with other health care providers or specialists involved in the continuation of your care.

* **Payment** means such activities as obtaining reimbursement for services, billing or collection activities, and utilization review. For example, we may disclose treatment information when billing a dental plan for your dental services.

* **Health care Operations** include the business aspects of running our practice. For example, patient information may be used for scheduling purposes, or quality assessment.

Unless you request otherwise, we may use or disclose health information to a family member, friend, personal representative, or other individual to the extent necessary to help with your health care or with payment for your health care. In the event of an emergency or your incapacity, we will use our professional judgment in disclosing only the protected health information necessary to facilitate needed care. In addition, we may use your confidential information to remind you of appointments by sending reminder postcards and/or leaving messages at home and/or work. In addition, we may disclose your health information to law enforcement officials, and/or to report suspected abuse, neglect, or domestic violence. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your protected health information, which you may exercise by presenting a written request to our Privacy Officer at the address listed below.

*The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to the requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

*The right to request to receive confidential communications of protected health information from us.

*The right to access, inspect, and copy your protected health information, with limited exceptions.

*The right to request an amendment to your protected health information. We may deny your request in certain situations.

*The right to obtain a paper copy of this notice from us upon request, even if you have agreed to receive the notice electronically.

We are required by law to maintain the privacy of your protected health information.

This notice is effective as of 10/24/12. We reserve the right to change the terms of our Notice of Privacy Practices to and to make the new provisions effective for all protected health information that we maintain. Revision of our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of this revised notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Dept of Health & Human services, Office of Civil rights, in the event you feel your privacy rights have been violated.

For more information about our privacy practices, please contact: Dr. Lori Lemire Family Dentistry at 470 Highland Avenue, Coos Bay, OR 97420 or call at (541)267-6425.

For more information about HIPPA or to file a complaint, please contact: The U.S. Department of Health & Human Services, Office of Civil Rights, 200 Independence Avenue, S.W. Washington, D.C., 20201 or call (877) 696-6775 (toll free). 10/12

