

PATIENT NOTICE OF PRIVACY PRACTICES

In accordance with Federal and State law, Preservation Dental protects all patient health information and maintains a strict policy of confidentiality. This notice fully describes how patient information may be used and disclosed, and how you can access the information. Preservation Dental asks every patient to review the notice carefully.

Preservation Dental, its employees and associates are committed to protecting each patient's health information and enforce a strict policy of confidentiality.

In order to provide quality dental care, Preservation Dental maintains a recorded dental record that details the care and services each patient receives. A recorded dental record is essential for accurate treatment planning and complies with certain legal requirements.

The *Notice of Privacy Practices* describes how Preservation Dental uses and may disclose the health information contained within recorded dental records to carry out treatment, obtain payment or health care operations, and for other purposes permitted or required by law. It also describes your right to access and control of your protected health information.

Preservation Dental abides by the terms of this Notice and will notify our patients if any changes occur. If you have any questions about this Notice, please contact Denise Jenkins, Director of Patient/Public Relations.

HOW PRESERVATION DENTAL USE AND DISCLOSE HEALTH INFORMATION

The following describes the different ways and examples of how Preservation Dental use and may disclose health information about you as part of your dental care. These examples are not meant to be exhaustive, but to describe the common ways health information may be used by Preservation Dental.

Providing Treatment:

During the process of providing dental care, emergency treatment and related services Preservation Dental may use and disclose personal health information. Health information may be disclosed to other dentists, dental assistants, hygienists, laboratories, and specialists who may become involved in your treatment or dental care. For example:

- Your dentist or a staff member may need to speak to another dentist who will provide emergency care when he or she is away
- Your dentist or a staff member may refer you to a specialist and will discuss your condition with the specialist or with his or her staff prior to your appointment
- Your dentist or a staff member may need to speak with your physician or pharmacist regarding medicines you may be taking that can impact your dental treatment

Obtaining payment:

Your health information will be used to obtain payment for your dental care services.

For example:

- Preservation Dental may speak with an insurance company to obtain payment approval prior to treatment
- Preservation Dental may speak with your insurance company to determine eligibility and benefit coverage
- Preservation Dental may speak to a third party payer on your behalf or with an individual responsible for payment of your dental care

General Office Operations:

To ensure patients receive quality care Preservation Dental may use health information for clinical and administrative operations. Activities include, but are not limited to: quality assessment activities; employee review activities; training or medical students; licensing; marketing activities and conducting or arranging for other business activities.

For example:

- Preservation Dental may disclose information to dental or medical students, laboratory technicians, cooperative students, dental assistants, hygienists, and administrative personnel that are employed by or associated with Preservation Dental
- Preservation Dental may call you by name in the waiting room when your dentist or hygienist is ready to see you
- Preservation Dental may use or disclose your health information to contact you by postcard to remind you of your next dental visit
- Preservation Dental may send you information about Preservation Dental products and services
- Preservation Dental may share your health information with third party business associates that perform various activities for Preservation Dental. Whenever an arrangement between our office and a business associate involves the use or disclosure of patient information, Preservation Dental will have a written contract that protects the privacy of personal health information.

Communicate with Individuals Involved in your Care, your Child's Care, or Others:

Preservation Dental may release health information to a family member or other individual who is involved in your dental care. For example:

- Preservation Dental may speak to a family member or other individual about how to help you with your dental care, post-operative recovery, or what your treatment may involve
- Preservation Dental may give information to someone who helps pay for or manages your dental care
- Preservation Dental may discuss the dental care of a child with a family member, stepparent, school administrator or guardian.

As Required by Law:

All health professionals are required by law to disclose health information under certain circumstances. Michigan law requires that Preservation Dental report the following information:

- **Public Health:** Preservation Dental are required to disclose information to a public health authority to help control disease, injury or disability;
- **Communicable Diseases:** Preservation Dental are required to disclose information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition;
- **Health Oversight:** Preservation Dental are required to disclose information to government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws;
- **Abuse or Neglect:** Preservation Dental are required to disclose information to a public health authority that is authorized by law to receive reports of child abuse or neglect;
- **Food and Drug Administration:** Preservation Dental are required to disclose information to the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, track products; to enable product recalls or to make repairs or replacements;
- **Legal Proceedings:** Preservation Dental are required to disclose information in the course of a judicial or administrative proceeding, in response to a court order, a subpoena, discovery request, or other legal process;
- **Law Enforcement:** Preservation Dental are required to disclose information for law enforcement purposes
- **Coroner and Medical Examiners:** Preservation Dental are required to disclose information to a coroner or medical examiner for identification purposes, determining the cause of death, or other duties authorized by law;
- **Criminal Activity:** Consistent with federal and state laws, Preservation Dental are required to disclose information that Preservation Dental believe is necessary to prevent or lessen a serious and/or imminent threat to the health or safety of a person, the public, or to apprehend an individual;
- **Research:** Preservation Dental may be asked and may disclose information to researchers only when such research has been approved by an institutional review board and has established protocols to ensure patient privacy;
- **Other Required Disclosure:** Under the law, Preservation Dental must make disclosure to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Preservation Dental may use or disclose health information in the following situations without consent or authorization:

- Military Activity and National Security
- Workers' Compensation
- Incarceration

INFORMATION DISCLOSED WITH YOUR AUTHORIZATION

Any other use and disclosure of your health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke your authorization at any time, in writing, except to the extent that your dentist or Preservation Dental has already taken an action in reliance of your authorization.

You have the opportunity to agree or object to the use or disclosure of all or part of your health information, with the exception of that required by law.

If you are not present or able to agree or object to the use or disclosure of the protected health information, then the dentist may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the health information that is relevant to your health care will be disclosed. For example, unless you object in writing, Preservation Dental may:

- Disclose information to a family member, relative, or other individual identified as being directly involved in your health care;
- Disclose health information to notify or assist in notifying a family member, personal representative or other individual responsible for your care, general condition, or death;
- Disclose health information to an authorized public or private entity to assist in disaster relief efforts;
- Emergencies: Preservation Dental may use or disclose your health information in an emergency treatment situation. If this happens, your dentist shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment;
- Communication Barriers: Preservation Dental may use and disclose health information if the dentist or another individual associated with Preservation Dental attempts to obtain consent from you but is unable to do so due to substantial communication barriers and it is determined, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the right to inspect and copy your protected health information as specified by law. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as Preservation Dental maintain the health information. A designated record set contains medical and billing records and any other record that the dentist and Preservation Dental uses for making decisions about you. Please note that any request to release protected health information must be put in writing, describing the purpose for the release, where the information should be sent, and the name and title of the person who should receive the information. Preservation Dental may charge a fee for the costs of copying, mailing, staff time, or other supplies associated with your request.

Under federal law you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or

administrative action or proceeding, and health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may occur. In some circumstances, you may have a right to have this decision reviewed. Please contact Denise Jenkins, Director of Patient/Public Relations if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your health information for the purposes of treatment, payment or healthcare operations. You may also request any part of your health information not be disclosed to family members or other individuals who may be involved in your care or for notification purposes as described in this *Notice of Privacy Practices*. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Preservation Dental and your dentist are not required to agree to a restriction that you may request. If the dentist believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the dentist does agree to the requested restriction, Preservation Dental may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restriction you wish to request with the dentist to help determine if it is in your best interests.

You have the right to request to receive confidential communications from Preservation Dental by alternative means or at an alternative location. Preservation Dental will accommodate reasonable requests and may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. All such requests must be made in writing to Denise Jenkins, Director of Patient/Public Relations.

You may have the right to have the dentist amend your health information if you have reason to believe it is incorrect or incomplete. You may request an amendment of your health information for as long as Preservation Dental maintains this information. In certain cases, Preservation Dental may deny your request for an amendment. If the request is denied, you have the right to file a statement of disagreement. Preservation Dental may prepare a rebuttal to your statement and will provide a copy of any such rebuttal. Please contact Denise Jenkins, Director of Patient/Public about amending your medical record. In addition, Preservation Dental may deny a request to amend information that:

- Was not created by Preservation Dental
- Is not part of the health record kept by Preservation Dental
- Is not part of information which you would be permitted to inspect and copy

You have the right to receive an accounting of certain disclosure, if any, of your health information. This right applies to disclosure for purposes other than treatment, payment or healthcare operations as described in this *Notice of Privacy Practices*. It excludes disclosure made to you, for a facility directory, to family members or other individuals

involved in your care, or for notification purposes. You have the right to receive specific information regarding disclosure that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

COMPLAINTS AND CONCERNS

If you believe Preservation Dental has violated your privacy rights, you may submit a complaint to Preservation Dental or to the Secretary of Health and Human Services. To file a complaint with Preservation Dental please notify Denise Jenkins at 248-348-1313.

Preservation Dental, its employees and associates are committed to providing you with quality dental care. As part of your treatment Preservation Dental is committed to protecting your health information and to maintain your privacy.

HIPAA

This Notice became effective April 14, 2003

Updated March 26, 2010