



## NOTICE OF PRIVACY PRACTICES

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**The following is a notice of our Privacy Practices, which we require that you read, agree to, and sign prior to any care. It describes how information about you gathered by Hutchens Family Dentistry may be used and disclosed, and how you can access it.**

During your treatment at Hutchens Family Dentistry, dentists, dental hygienists, dental assistants, and other caregivers may gather information about your medical history and your current health. This Notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this Notice apply to health information created or received by Hutchens Family Dentistry. We are required by law to: make sure that medical information that identifies you is kept private; give you this Notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the Notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected health information about you.

**Your medical information may be used and disclosed for the following purposes:**

**TREATMENT** We may use your information to provide, coordinate, and manage your care and treatment. For example, our dentist may share your medical information with another dentist for a consultation or a referral.

**PAYMENT** We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your dental plan information about treatment you received at our Practice so your dental plan will pay us or reimburse you for the treatment. We may also tell your dental plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may disclose information about you for purposes of an independent review of a denial of a claim based on lack of medical necessity.

**HEALTH CARE OPERATIONS** We may use and disclose medical information about you for our care operations. Health care operations are the uses and disclosures of information that are necessary to run our Practice, and to make sure that all of our patients receive quality care. We may use medical information to review our treatment and services, and to evaluate the performance of our staff and dentists in caring for you.

**APPOINTMENT REMINDERS & OTHER HEALTH INFORMATION** We may use your medical information to send you reminders about future appointments. We may also send you refill reminders or other communications about your current medications. However, if we receive any financial remuneration for making such refill or medication communications beyond our costs of making the communication, we must first obtain your written authorization for making such communications. We may contact you with information about new or alternative treatments or other health care services or for purposes of care coordination, unless we receive financial remuneration in exchange for making the communication; in that case, we will obtain your written authorization to make such communications. However, we are not required to obtain your written authorization for face-to-face communications.

**PEOPLE ASSISTING IN YOUR CARE** We will only disclose medical information to those taking care of you, helping you to pay your bills, or other close family members or friends if these people need to know this information to help you, and then only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up a prescription for you. If you are able to make your own health care decisions, we will ask your permission before using your medical information for these purposes. If you are unable to make health care decisions, we will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.

**AS REQUIRED BY LAW** We will disclose medical information about you when we are required to do so by federal, state or local law.

**TO AVERT A SERIOUS THREAT TO HEALTH & SAFETY** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, only to someone able to prevent the threat.

**BUSINESS ASSOCIATES** Some services are provided by or to Hutchens Family Dentistry through contracts with business associates. Examples include Hutchens Family Dentistry's attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our business associate so they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to re-disclose the information unless specifically permitted by law.



**Your medical information may be released in the following special situations:**

**MILITARY** If you are a member of the armed forces, we will release medical information about you as requested by military command authorities if we are required to do so by law, or when we have your written consent. We may also release medical information about foreign military personnel to appropriate foreign military authority as required by law or with written consent.

**WORKER'S COMPENSATION** We may release medical information about you for Worker's Compensation or similar programs. These programs provide benefits for work-related injuries or illness. We are permitted by law to disclose information regarding your work related injury to your employer, your employer's Worker's Compensation insurer or the Department of Workforce Development without your specific consent.

**PUBLIC HEALTH** We may disclose medical information to public health authorities about you for public health activities. Including;

- Preventing or controlling disease, injury or disability;
- Reporting child abuse or neglect, or abuse of a vulnerable adult;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products they may be using;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- Reporting to the FDA as permitted or required by law.

**HEALTH OVERSIGHT ACTIVITIES** We may disclose medical information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor health care systems, programs, and compliance with civil rights laws.

**LAWSUITS & DISPUTES** We may disclose medical information about you in response to a valid court order with your written consent.

**LAW ENFORCEMENT** We may release medical information if asked to do so by a law enforcement official in response to a valid court order, grand jury subpoena, or warrant, or with your written consent.

We are required to report certain types of wounds, such as gunshot wounds and some burns. In most cases, reports will include only the fact of injury; any additional disclosures may require your consent or a court order. We may also release information to law enforcement that is not a part of the health record for the following reasons:

- To identify or locate a suspect, fugitive, material witness, or missing person;
- If you are the victim of a crime, if, under certain limited circumstances, we are unable to obtain your agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our facility; and
- In emergency circumstances to report a crime; the location or the identity of the crime or victims.

**CORONERS & MEDICAL EXAMINERS** We may release medical information to a coroner or medical examiner for the purpose of completing a medical certificate or investigating certain types of death, and we must disclose health records upon request of the coroner or medical examiner. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you as required under state or federal law for the purpose of the collection of death statistics. Other disclosures from your health record will require the consent of a surviving spouse, parent, a person appointed by you in writing, or your legally authorized representative.

**NATIONAL SECURITY & INTELLIGENCE ACTIVITIES** We will release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities only as required by law or with your written consent.

**PROTECTIVE SERVICES FOR THE PRESIDENT & OTHERS** We will disclose medical information about you to authorized federal officials to provide protection to the President, other authorized persons, or conduct investigations only as required by law or with your written consent.

**INMATES** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will release medical information about you to the correctional institution or law enforcement official only as permitted by law.