

## Notice of Privacy Practices

We use and disclose health information about you for treatment, payment, and health care operations. For example:

**Treatment:** We may use your health information for treatment or disclose it to a dentist, physician, or other health care provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. We may also disclose your health information to another health care provider or entity that is subject to the federal Privacy Rules for its payment activities.

**On Your Authorization:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

**To Your Family:** We may disclose your health information to a family member or other person to the extent necessary to help with your health care or with payment for your health care. If you are not present, or in the event of our incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in our best interest. We may use our professional judgment to make reasonable inferences of our best interest in allowing a person to pick up prescriptions, x-rays, or other similar forms of health information. We may use or disclose information about you to notify or assist in notifying a person involved in our care, of your location and general condition.

**Appointment Reminders:** We may use your health information to provide you with appointment reminders.

**Abuse or Neglect:** We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

**Public Health and National Security:** We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security.

**For Law Enforcement:** As required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purpose, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

## Patient Rights

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request access by sending us a letter to the address above. If you request copies, we will charge you a reasonable cost-based fee that may include labor, copying cost, and postage.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information over the last 6 years. That list will not include disclosures for treatment, payment, health care operations, as authorized by you, and for certain other activities.

**Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

**Confidential Communications:** You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present. We will make every effort to honor your reasonable requests for confidential communications.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing and specify the alternative means or locations, and provide how payments will be handled. If we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have. We will comply with the applicable federal and state laws that require the NPP to be accessible to patients with disabilities or limited English proficiency, which could include translating the NPP into frequently encountered languages.

**Right to Notification of a Breach:** You will receive notifications of breaches of your unsecured protected health information as required by law.