

NOTICE OF PRIVACY PRACTICES

Please Review this Information Carefully. Our Office Respects the Privacy of Your Health Information

Our Legal Duty

This notice describes how medical/dental information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW THIS INFORMATION CAREFULLY. If you have any questions about this Notice of Privacy please contact our privacy officer listed at the end of this notice

We are required by federal and state law to maintain the privacy of your health information. Additionally, we are required to provide you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect November, 4, 2013 and will remain in effect until we replace it.

We are required to abide by the terms of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that is maintained at that time. Upon your request, Crofton Dental Suite will provide you with a revised Notice of Privacy Practices.

This Notice of Crofton Dental Suite (hereafter referred to as "Provider") Privacy Practices may be used to disclose your protected health information (PHI) for purposes such as Treatment, Payment and Healthcare Operations.

1. The following categories describe the different ways that we use and disclose medical/dental information:

Treatment: We may use or disclose your protected health information to provide, coordinate, or manage your medical/dental care with another physician or healthcare provider (e.g., a specialist or laboratory). This includes the coordination or management of your health care and related services with a third party that has obtained your permission to have access to your protected health information. In addition, this facility may disclose your protected health information to another physician or healthcare provider (e.g., a specialist or laboratory).

Payment: We may use and disclose medical/dental information about you so that the treatment and services you receive may be billed and payment collected from you, your insurance company or a third party. We may also tell your health plan about a prescribed treatment to obtain prior approval or to determine whether your plan will cover the treatment.

Please Note: Crofton Dental Suites will make every reasonable effort to protect your health information when trying to collect payment on your account.

Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations in order to support the business of this facility's practice.

Sign In:

This facility uses a sign in sheet at the registration desk where you will be asked to sign your name. Your name may be seen by other patients signing in.

Open Space Office:

We may call you by name in the waiting room or your name may be overheard when treatment is discussed with you in one of our operatory, as rooms are not enclosed.

Appointments: We may disclose your protected health information as necessary when scheduling appointments, cancellations, or re-scheduling an appointment as well as calling to remind you of your appointment.

Account Information: Our Confidential Communication request form gives you the opportunity to let Crofton Dental Suite know what means you would like for us to contact you or leave messages regarding billing, payments or insurance.

We will share your protected health information with third party "business associates" that perform various activities for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, this facility will have a written contract that contains terms that will protect the privacy of your protected health information.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, we require written authorization to use your health information or to disclose it to anyone for any purpose. If you provide us an authorization, you have the right to revoke it in writing at any time. Your revocation will not affect any use or disclosure 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.

Emergencies: We may disclose your health care information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as possible after treatment.

Others Involved in Your Healthcare: Unless you object, this facility may disclose to a member of your family, relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your medical/dental care. If you are unable to agree or object to such a disclosure, this facility may disclose such information as necessary if it determines that it is in your best interest based on its professional judgment. We may use or disclose protected health information to

notify or assist in notifying a family member, personal representative or any other person that is responsible for your location, general condition or death.

Other Permitted and Required Uses and Disclosures that May Be Made Without Your Consent, Authorization or Opportunity to Object:

Required by Law: We may use or disclose your protected health information to the extent the law requires, i.e.: public health information, communicable disease, abuse or neglect.

Law Enforcement: We may disclose protected health information, so long as applicable legal requirements are met.

Legal Proceedings: Protected health information may be disclosed in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal.

Criminal Activity: This facility may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: We may disclose to the military authorities the health information of Armed Forces Personnel under certain circumstances. We may disclose the authorized officials' information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institutions or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

2. **Patient Rights**

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

Access: You have the right to inspect and obtain a copy of your protected health information with limited exceptions. Your request to obtain records must be written. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time and postage if applicable.

Denial: Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.

Restrictions: 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 protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternate means or to alternate locations. (You must make your request in writing). Your request must specify the alternative means and location, and provide satisfactory explanation how payments will be handled under the alternate means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing and it must explain why the information should be amended). This request may be denied under certain circumstances.

Electronic Notice: If you receive this notice on our Website or by electronic mail, you are entitled to receive it in written form as well.

Questions & Complaints: If you want more information about our privacy practices or have questions or concerns please contact us. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our privacy contact of your complaint. You may contact our HIPAA Officer, for further information about the complaint process.

3. **Effectiveness**

This notice was published and becomes effective November 4, 2013

HIPAA Privacy Officer:

Marilyn Fulton

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