



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

PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that information about you and your health is personal. We are committed to protecting your health information. We will create a record of the care and services you receive at this practice. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice will apply to all of the records of your care generated by Smoky Mountain Dentistry.

This notice will tell you about the ways we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

Law to requires us:

1. Make sure that health information that identifies you is kept private.
2. Give you this notice of our legal duties and privacy practices with respect to your health information.
3. Follow the terms of the notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE?

This notice describes this office's practices and that of:

1. Any health care professional authorized to enter information into your medical record, including doctors and the medical staff.
2. All employees, staff, volunteers and other practice personnel.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION.

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into at least one of the categories.

Treatment

We may use your health information to provide you with medical treatment or services. We may disclose your health information to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for an injury may need to know if you have diabetes because diabetes may slow the healing process.

We may also disclose your health information to people outside of Smoky Mountain Dentistry to provide services that are a part of your medical care.

For Payment

We may use and disclose your health information so that your treatment and services provided by Smoky Mountain Dentistry may be billed and payment may be collected from you, an insurance company or a third party.

For example, we may tell your insurance company about a treatment you are going to receive to obtain prior approval or to determine whether your insurance will cover the treatment.

We may also need to give your insurance company information about a treatment you had so that your insurance company will pay us or reimburse you for the treatment.

For Health Care Operations

We may use and disclose your health information for healthcare operations. This is necessary to run our practice and give quality care to our patients. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in providing your care. We may disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes.

Appointment Reminders

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment.

Treatment Alternatives

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

Business Associates

There are some services provided in our organization through contacts with business associates.

For example, we may use a copy service to make copies of your medical record.

When we hire companies to perform these services, we may disclose your health information to these companies so that they can perform the job we've asked them to do and bill you or your insurance company for the services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your health information.

Individuals Involved in Your Care or Payment for Your Care

We may release your health information to a family member, other relative, close personal friend, or any other person who is involved in your care or payment related to your care.

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same treatment.

All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information.

Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific needs, as long as the medical information they review does not leave the practice.

In most circumstances we will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

To Avert a Serious Threat to Health or Safety

We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.

SPECIAL SITUATIONS

Disaster Relief

We may release your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Military and Veterans

If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release your health information for workers' compensation or similar programs.

Public Health Risks

We may disclose your health information for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability.
2. To report child abuse or neglect.
3. To report reactions to medications or problems with products.
4. To notify people of recalls of products they may be using.
5. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
6. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities

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

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement

We may release health information if asked to do so by law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process.
2. To identify or locate a suspect, fugitive, material witness, or missing person.
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
4. About criminal conduct
5. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.

National Security and Intelligence Activities

We may release your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release would be necessary:

- (1) For the institution to provide you with health care
- (2) To protect your health and safety or the health and safety of others
- (3) For the safety and security of the correctional institution.

Blood Testing

While you are receiving care, a health care worker may accidentally be exposed to blood or other body fluids. If this occurs, your blood may be tested for the presence of certain diseases (for example, HIV, Hepatitis B and C).

These tests are necessary to help protect the health care worker. The results of these tests will be a part of your medical record and will not be released except with your prior consent or as required or permitted by law.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission.

If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time.

If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization.

You understand that we are unable to take back any disclosures we have already made with your permission.

We are required to retain records of the care that we provided to you.

North Carolina Law

In the event that North Carolina Law requires us to give more protection to your health information than stated in this notice or required by Federal Law, we will give that additional protection to your health information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

You have the following rights regarding the health information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and obtain a copy of the health information that may be used to make decisions regarding your care. Generally this includes medical and billing records.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Request an Amendment

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by this practice.

Right to Request an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made concerning your health information; but does not include disclosures made for treatment, payment, or for healthcare operations, or for purposes or disclosures specifically authorized by you.

The list will include the date of the disclosure, to which health information was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure.

Right to Request Restrictions

You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

For example, you could ask that we not use or disclose information about a treatment you had.

To request restrictions, you must make your request in writing. In your request, you must tell us:

- (1) What information you want to limit
- (2) Whether you want to limit our use, disclosure or both
- (3) To whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You may not limit uses and disclosures that we are legally required or allowed to make.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your treatment matters in a certain way or at a certain location. For example, you can ask that we only contact you at home.

We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice.

You may obtain a copy of this notice at any time from Smoky Mountain Dentistry.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future.

The notice will contain the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please call our office.

It is our desire to provide with the best possible care and to always respect your privacy.

You will not be penalized for filing a complaint.

NOTICE OF PRIVACY PRACTICES

This notice serves this practice and is in effect for all patients and all personnel employed or otherwise utilized by this practice.

