



## **NOTICE OF PRIVACY PRACTICES**

**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.**

### **Understanding Your Medical Information**

This Notice of Privacy Practices describes how Hillside Dental LTD (referred to as "we," "us," or "our") may use and disclose your protected health information (PHI) to carry out treatment, payment, or healthcare operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

"Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related healthcare services.

### **I. Our Responsibilities Regarding Your Protected Health Information**

We are required by law to:

- Maintain the privacy of your protected health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify you of a breach of unsecured protected health information.

### **II. How We May Use and Disclose Your Protected Health Information (PHI)**

The following categories describe different ways that we may use and disclose your PHI without your authorization. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in every category will be listed.

**A. For Treatment** We may use and disclose your PHI to provide, coordinate, and manage your healthcare and any related services. This includes sharing information with other healthcare providers involved in your care.

- **Example:** A doctor treating you for an injury might need to know if you have diabetes because that could affect your recovery. We may share your PHI with another physician to whom you have been referred to ensure necessary diagnostic tests are performed.

**B. For Payment** We may use and disclose your PHI to bill and collect payment for the healthcare services you receive from us.

- **Example:** We may disclose your PHI to your health plan to obtain prior approval for treatment or to determine if your plan will cover the cost of your treatment. We may also send a bill to you or your insurance company.

**C. For Healthcare Operations** We may use and disclose your PHI for our healthcare operations, which include activities necessary for us to run our practice and provide quality care.

- **Example:** We may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also use your information for business planning, quality improvement, and training purposes.

**D. Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services** We may use and disclose your PHI to contact you to remind you of an appointment, inform you of treatment alternatives, or tell you about health-related benefits and services that may be of interest to you.

**E. Individuals Involved in Your Care or Payment for Your Care** We may disclose PHI about you to a family member, relative, close friend, or any other person you identify who is involved in your care or who helps pay for your care, if you agree or if we infer from the circumstances that you do not object. We will only disclose information that is directly relevant to that person's involvement in your care.

- **Example:** We may allow a family member to pick up prescriptions, medical supplies, or X-rays.

**F. Disaster Relief Efforts** We may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

### **III. Special Circumstances Requiring or Permitting Disclosure**

We may use or disclose your PHI in the following situations without your authorization, subject to specific conditions and limitations:

**A. Required by Law** We may disclose your PHI when required to do so by federal, state, or local law.

**B. Public Health Activities** We may disclose your PHI for public health activities to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence.

**C. Health Oversight Activities** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**D. Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**E. Law Enforcement** We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct.
- 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.

**F. Coroners, Medical Examiners, and Funeral Directors** We may release PHI 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 PHI to funeral directors as necessary to carry out their duties.

**G. Organ and Tissue Donation** We may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**H. Research** We may use and disclose PHI for research purposes when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**I. To Avert a Serious Threat to Health or Safety** We may use and disclose PHI 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.

**J. Military and Veterans** If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

**K. National Security and Intelligence Activities** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**L. Protective Services for the President and Others** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

**M. Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**N. Workers' Compensation** We may disclose PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

#### **IV. Uses and Disclosures Requiring Your Written Authorization**

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. This includes:

- **Most uses and disclosures of psychotherapy notes.**
- **Uses and disclosures for marketing purposes.**
- **Disclosures that constitute a sale of PHI.**

You have the right to revoke your authorization at any time, in writing, except to the extent that we have already relied on the authorization.

#### **V. Your Rights Regarding Your Protected Health Information**

You have the following rights regarding PHI we maintain about you:

**A. Right to Request Restrictions** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

- **We are not required to agree to your request**, except if the disclosure is to a health plan for purposes of payment or healthcare operations and pertains solely to a healthcare item or service for which you have paid out-of-pocket in full.
- If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**B. Right to Request Confidential Communications** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

- We will accommodate all reasonable requests.

**C. Right to Inspect and Copy** You have the right to inspect and obtain a copy of PHI that may be used to make decisions about your care. This includes medical and billing records. We may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request.

- We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**D. Right to Amend** If you feel that PHI 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 or for [Your Organization Name].

- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
  - Is not part of the PHI kept by or for [Your Organization Name].
  - Is not part of the information which you would be permitted to inspect and copy.
  - Is accurate and complete.

**E. Right to an Accounting of Disclosures** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of PHI about you.

- It does not include disclosures made for treatment, payment, or healthcare operations, or disclosures made with your authorization.
- We will provide one accounting per year free of charge; however, we may charge a reasonable, cost-based fee for additional accountings within a 12-month period.

**F. Right to a Paper Copy of This Notice** You have the right to obtain a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

- You may obtain a copy of this notice at our website: [Your Organization's Website Address, if applicable]

## **VI. Changes to This Notice**

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain the effective date on the first page.

## **VII. Complaints**

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

- To file a complaint with us, please contact our Privacy Officer at the address/phone number listed below. All complaints must be submitted in writing.
- You will not be penalized for filing a complaint.

## **VIII. Our Contact Information**

If you have any questions about this Notice, please contact:

Hillside Dental  
[cs@hillsidedentalfineart.com](mailto:cs@hillsidedentalfineart.com)  
702-895-7799

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