

# Notice of Privacy Policy

§ 164.520(b)(1), § 164.520(c)(2), § 164.520(e)

Practice Name: Imperial Family Dental Center

## Purpose

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires that this practice provide each of its patient with a Notice of Privacy Practices (NPP). The goal of the Notice of Privacy Practices is to inform patients of:

- How the health care organization will use and disclosure patient PHI
- Patient rights and responsibilities with respect to their PHI
- The duties of the covered entity with respect to patient PHI

This policy describes how this practice's Notice of Privacy Practices is provided to patients, acknowledged, and provides the contact information for the workforce member to whom patients should direct questions about the Notice of Privacy Practices.

## Policy

This practice offers every patient the Notice of Privacy Practices that describes how their PHI may be used and disclosed, the rights and responsibilities of patients with respect to their PHI, and the responsibilities of this practice with respect to the PHI it creates, collects, and maintains. The Notice of Privacy Practices will also be posted on the wall in the patient area and is linked to the practice website.

# Procedure

Each patient that receives healthcare services at this practice is offered a copy of or will view our Notice of Privacy Practices and will acknowledge receipt of this information in writing.

## New Patients

When a new patient arrives at the office:

1. The individual responsible for the patient's registration is responsible for providing the patient with the Notice of Privacy Practices and obtain a signed acknowledgement of receipt.
2. A copy of the acknowledgement form should be kept in the patient's medical record.

## Existing Patients

When a patient's file contains a signed Patient Acknowledgment form, workforce members are not required to provide the patient with an additional copy. If there is no documentation of a previous receipt and acknowledgment of the Notice of Privacy Practices for an existing patient, the healthcare provider's office will:

1. Provide the patient with the Notice of Privacy Practices
2. Request the patient to acknowledge receipt of the *Notice of Privacy Practices* by signing the *Patient Acknowledgment* form

If the patient refuses or is unable to sign the acknowledge their receipt of the Notice of Privacy Practices, the staff member will:

1. Document the patient's refusal or inability to sign on the Patient Acknowledgment form along with any efforts that were made to obtain the patient's acknowledgment
2. File the annotated Patient Acknowledgment form in the patient's record

## Requests for a Notice of Privacy Practices

If any individual requests a copy of the Notice of Privacy Practices for the practice, the person receiving the request should provide a copy to the requesting individual. In addition, the Notice of Privacy Practices should be posted on the this practice's website.

## Documentation

All documentation related to the receipt and acknowledgment of the Notice of Privacy Practices is maintained for a minimum of six (6) years.

## Questions

Questions the Notice of Privacy Practices or its contents should be directed to the HIPAA Privacy Officer. Questions about the distribution and acknowledgment process should be directed to the practice supervisor or the HIPAA Privacy Officer.

## Definition – Protected Health Information

Protected Health Information is defined as information that may identify a patient and includes:

- Demographic information that may identify a patient
- Information related to the patient's past, present, or future physical or mental health and condition
- Information related to health care services or payment for health care services

## Revising the NPP

Whenever this practice's privacy practices change or there is a change in the law or HIPAA Rules that requires a change to the Notice of Privacy Practices, This practice shall determine whether the practice must revise the Notice of Privacy Practices and, if so, will revise the policy accordingly.

On or after the effective date of revisions to the Notice of Privacy Practices, then on or after the effective date of the revision this practice will:

1. Provide the new Notice of Privacy Practices to patients on their first appointment and ask them to sign the acknowledgement
2. Have a supply of paper copies of the new Notice of Privacy Practices available in the practice and provide it to anyone who requests a copy
3. Post the new Notice of Privacy Practices in a clear and prominent location in the practice
4. Post the new Notice of Privacy Practices on the practice's website
5. Retain at least one copy of both the old and new Notice of Privacy Practices for at least six (6) years from the latter of the date when the document was created or the date when the document was last in effect

# 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.

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), all medical records and other individually identifiable Protected Health Information (PHI) of which we have knowledge must be kept confidential. All PHI used by us or disclosed by us is covered by this Act regardless of whether this PHI is in electronic, oral, or paper form. Several new rights are granted to patients under this Act, allowing control over how your PHI is used, how you can access it, and in some cases amend it.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI.

We may be assessed a penalty for any misuse or unauthorized disclosures of your personal health information as regulated by HIPAA.

This Notice of Privacy Practices is effective on 9/22/24.

We are bound to abide by the terms of this notice and reserve the right to make revisions to this policy. Should revisions be made, you will be notified in writing and a copy of the revised policy will be made available at your request.

Should any breach of unsecured PHI ever occur, we will notify the patient(s) involved within 10 business days of discovery of this breach.

You will be asked to sign a consent form authorizing us to use and disclose your personal health information only for the following purposes, as defined under the Act:

- Treatment means the provision, coordination, or management of health care and related services by one or more healthcare providers, including the coordination of management of health care by a healthcare provider with a third party; consultation between healthcare providers relating to a patient; or the referral of a patient for health care from one healthcare provider to another. An example of this would be a dentist referral to an orthodontist.
- Payment means obtaining reimbursement for the provision of health care, determinations of eligibility of coverage, billing, claims management, collection activities, justification of charges, and disclosure to consumer reporting agencies of Protected Health Information relating to the collection of reimbursements (only certain information may be disclosed). An example of this would be submitting your bill for healthcare services to your insurance company.

- Healthcare Operations are any activity related to covered functions in which we participate in the function of our offices, such as conducting quality assessment activities, protocol development, case management and care coordination, auditing functions, business management and general administrative activities (including implementation of this regulation), customer service evaluations, resolution of grievances, fundraising, and marketing for which an authorization is not required. An example of this would be evaluation customer service given to patients.

We may, without prior consent, use or disclose your PHI to carry out treatment, payment, or healthcare operations:

- Directly to you at your request
- In an emergency treatment situation if:
  - A. We attempt to obtain such consent as soon as reasonably practicable after the delivery of such treatment
  - B. If we are required by law to treat you and attempts to obtain consent are unsuccessful
  - C. We attempt to obtain consent but are unable, due to barriers of communication, but we determine in our professional opinion that treatment is clearly inferred from the circumstance
- Pursuant to and in compliance with an authorization signed by you
- Provided that you are informed in advance of the use and disclosure and have the opportunity to agree to or prohibit or restrict the use or disclosure. This may be an oral agreement between us and may include a directory maintained at our facility containing specific information allowed by the Act.

We may de-identify your Personal Health Information by using codes or removing all individually identifiable health information.

All other uses and disclosures will be made only upon securing a written authorization form signed by you. You have the right to revoke this authorization, at any time, upon written notice and we will abide by that request.

However, an exception would be any actions already taken, relying on your authorization, and prior to revocation notice.

If you have paid for services out of pocket, in full, and request that we not disclose PHI related solely to these services to a health plan, we will abide by this request except where required by law to make a disclosure.

We may contact you to provide appointment reminders or to inform you about treatment alternatives or other health related benefits or services that may be of interest to you.

A written authorization from you will be required to release the following information:

- Use and disclosure of psychotherapy notes
- Use and disclosure of PHI for marketing purposes
- Disclosures that constitute the sale of PHI
- Other uses and disclosures of PHI not described in this Notice of Privacy Practices

Under HIPAA, you have the following rights with respect to your Protected Health Information:

- No use or disclosure of genetic information will be released for underwriting purposes
- You have the right to request restrictions on certain uses and disclosures of Protected Health Information, including restrictions placed upon disclosure to family members, close personal friends, or any other person you may identify. We are, however, not required to agree with a requested restriction
- You have the right to receive confidential communications of your Protected Health Information, either directly from us or from us by alternative means or from alternative locations
- You have the right to inspect and copy your Protected Health Information. You may also request your PHI in an electronic format if we use an electronic (paperless) recordkeeping system
- You have the right to amend PHI. However, this request may be denied under certain circumstances
- You have the right to receive an accounting of disclosures of your Protected Health Information made by us in the six (6) years prior to the date of the account request
- You have the right to obtain a paper copy of this notice from us, even if you have already agreed to receive the notice electronically

If you feel your privacy rights or the provisions of this Notice Of Privacy Practices have been violated, you have the right to file a formal written complaint.