



NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient/legal guardian/parent, and rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment is defined as providing, coordinating or managing healthcare and related services by one or more healthcare providers. An example of this would be teeth cleaning services.
- Payment includes, but is not limited to, activities such as: obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to an insurance company for payment.
- Healthcare operations are the business aspect of running our practice. This includes but it not limited to: conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all reference to an individual or any individuals. We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. All other uses and discloses will be made only with your written authorization. You may revoke the authorization in writing and we are required to honor and abide by that written request, except in retaliation to disclosure made prior to that date.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information including information disclosed to family members, other relatives, close personal friends or any other person you identify. We are, however, not required to agree to a requested to agree to a requested restriction. If we do a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communication of protected health information from us by alternative means of alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting disclosure of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. This notice is effective as of July 12, 2007 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make new provisions effective for all protected health information we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint to your Privacy Officer or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact our Privacy Officer for more info:
Dr. Robert Point
(910) 762-7736

For more info about HIPPA or to file a complaint:
The US Department of Health and Human Services
Office of Civil Rights
(202) 619-0257 Toll Free (877) 696-6775

I have been provided a copy of the Notice of Privacy Practices.

PATIENT'S NAME: _____ DATE: _____

PARENT / GUARDIAN'S NAME: _____ SIGNATURE: _____