



## HIPAA Notice of Privacy Practices

**Last Revised: August 20, 2021**

*This NOTICE describes how your dental information may be used and disclosed and how you can get access to that information. It applies to the health information used to make decisions about your care that Machen Family Dentistry (MFD) generates or maintains.*

*Machen Family Dentistry (MFD) is required by law to protect the privacy of your dental information, give you a notice of MFD's legal duties and privacy practices, and follow the current notice. It will be followed by all employees and volunteers of the dental care components of MFD.*

### **1. Uses and Disclosures of Your Health Information**

The following categories describe some of the ways that MFD may use or disclose your health information without your authorization.

**Treatment:** MFD will use your health information to provide you with dental or medical treatment/services and for treatment activities of other health care providers. Examples: Your health information may be used by the members involved in your care. MFD maintains health information about its patients in an electronic medical record that allows MFD to share medical information for treatment purposes. This facilitates access to medical information by other health care providers who provide care to you.

**Payment:** MFD may use your health information for payment activities such as to determine plan coverage, to bill/collect, or to help another health care provider with payment activities. Any individuals assigned to your account will have access to all account information, including itemized services. Example: Your health information may be released to an insurance company to get pre-approval of payment for services.

**Operations:** MFD may use your health information for uses necessary to run its dental care business, such as to conduct quality assessment activities, train, or arrange for legal services. Example: MFD may use your health information to conduct internal audits to verify proper billing procedures.

**Health Information Exchange:** MFD may participate in a health information exchange (HIE), an organization in which providers exchange patient information to facilitate health care, avoid duplication of services, and reduce the likelihood of errors. By participating in HIE, MFD may share your health information with other providers who participate in the

HIE or participants of other HIE's. If you do not want your medical information in the HIE you must request a restriction.

**Business Associates:** MFD may disclose your health information to other entities that provide a service to MFD or on MFD's behalf that requires the release of your health information, such as billing service, but only if MFD has received satisfactory assurance that the other entity will protect your health information.

**Individuals Involved in Your Care or Payment for Your Care:** MFD may release your health information to a friend, family member, or legal guardian who is involved in your care or who helps pay for your care.

**Research:** MFD may use and disclose your health information to researchers for research. Your health information may be disclosed for research without your authorization if the authorization requirement has been waived or revised by a committee charged with making sure the disclosure will not pose a great risk to your privacy, or that steps are being taken to protect your health information



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to researchers to prepare for research under certain conditions, and to researchers who have signed an agreement promising to protect the information. Health information regarding deceased individuals can be released without authorization under certain circumstances.

### **2. Uses and Disclosures of Health Information Required/Permitted by Law:**

The following categories describe some of the ways that MFD may be allowed or required to use or disclose your health information without your authorization.

#### **Required by Law/**

**Law Enforcement:** MFD may use and disclose your health information if required by federal, state, or local law, such as for workers' compensation, and if requested by law enforcement officials in response to a court order or to locate a suspect.

#### **Public Health and Safety:**

MFD may use and disclose your health information to prevent a serious threat to the health and

safety of you, others, or the public and for public health activities, such as to prevent injury.

#### **Food and Drug Administration (FDA) and Health Oversight Agencies:**

MFD may disclose health information about incidents related to food, supplements, product defect, or post-marketing surveillance to the FDA and manufacturers to enable product recalls, repairs, or replacements; and to health oversight agencies for activities authorized by law, such as audits or investigations.

#### **Lawsuits/Disputes:**

If you are involved in a lawsuit/dispute and have not waived the physician-patient privilege, MFD may disclose your health information under a court/administrative order, subpoena, or discovery request after attempting to inform you of the request.

#### **Coroners, Medical Examiners, and Funeral Directors:**

MFD may release your health information to coroners, medical examiners, or funeral directors to enable them to carry out their duties.

#### **National Security/Intelligence Activities and Protective Services:**

MFD may release your health information to authorized national security agencies for the protection of certain persons or to conduct special investigations.

**Military/ Veterans:** MFD may disclose your health information to military authorities if you are an armed forces or reserve member.

**Inmates:** If you are an inmate of a correctional facility or are in the custody of law enforcement, MFD may release your health information to a correctional facility or law enforcement official so they may provide your health care or protect the health and safety of you or others.

### **3. Your rights regarding your health information:**

You have the rights described below in regard to the health information that MFD maintains about you. You must submit a written request to exercise any of these rights.

#### **Right to Inspect/Copy:**

You have the right to inspect and get a copy of health



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information maintained by MFD and information used in decisions about your care.

### **Right to Amend:**

If you believe health information MFD created is inaccurate or incomplete, you may ask MFD to amend it. You must provide a reason for your request. MFD cannot delete or destroy any information already included in your records. MFD may deny your request if you ask to amend information that MFD did not create (unless the creator is not available to make the amendment); that is not part of the health information MFD maintains; that is not part of the information you are permitted by law to inspect and copy; or that is accurate and complete.

### **Right to Accounting of**

**Disclosures:** You have the right to ask for a free list of disclosure MFD has made for your dental health information. MFD is not required to list all disclosures, such as those you authorized.

### **Right to Request Restrictions:**

You have the right to request a restriction or limit on how MFD uses or discloses your health information. You must be

specific in your request for restriction. You may restrict disclosure of your health information to a health plan only if the disclosure is for payment or health care operations and pertains to a health care item or service for which you pay out-of-pocket in full at the time they are provided. MFD is not required to agree to other requests. IF MFD agrees or is required to comply, MFD will comply with the requests unless the information is required to be disclosed by law or is needed in case of emergency. Example: you may want to pay cash in advance for services rather than have your insurance billed.

### **Right to request confidential**

**contacts:** You have the right to request that MFD contact you about dental issues in a certain way, such as by mail. You must specify how or where you wish to be contacted; MFD will try to accommodate reasonable requests.

### **Right to a copy of this notice:**

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

**4. Changes to this Notice:** MFD reserves the right to change this notice and to make the revised

notice effective for health information MFD created or received about you prior to the revision, as well as to information it receives in the future. Revised notices will be posted and available at each location where medical services are provided and on MFD's website.

### **5. Right to be Notified:**

You have the right to be notified of breaches of your unsecured health information.

### **6. Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with MFD. Submit a written complaint within 180 days of when you knew or should have known of the circumstance leading to the complaint. You will not be retaliated against for filing a complaint