



#### **PRIVACY OF PROTECTION HEALTH INFORMATION**

Federal and state laws require us to maintain the privacy of your health information and to give you this Notice about our privacy practices, our legal duties, and your rights concerning your Protected Health Information (PHI).

This Notice took effect April 14, 2003. We reserve the right to change our privacy practices and the terms of this Notice at any time, law permitting. You may request a copy of our notice at any time.

#### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

**We may use and disclose your protected health information in the following circumstances:**

- \* To a dentist, physician or other healthcare provider in our health care team providing treatment to you.
- \* To obtain payment services we provide to you.
- \* In connection with our healthcare operations, including quality assessment and improvement activities, evaluating practitioner and provider competence, conduction training and educational programs, accreditation, certification, licensing or credentialing activities.
- \* When you give us written authorization to use your health information or to disclose it to anyone for any purpose other than treatment, payment and healthcare operations. You may revoke this authorization in writing at any time.
- \* Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.
- \* We will disclose information to you, the patient. With your permission, we may disclose your health information to a family member, friend, or other person, to obtain help with your healthcare and payment for your care.
- \* To notify or assist in notifying a family member, your personal representative or another person responsible for your care, of pertinent issues, such as your location, your general condition, illness, or death. If you are present, we will provide you and opportunity to object to such uses or disclosures.
- \* We will use or disclose your health information to provide you with appointment reminders such as voicemail messages, postcards, or letters.

#### **WE ARE REQUIRED BY LAW TO DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING CIRCUMSTANCES:**

##### **Abuse or Neglect**

We are required by law to disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes, or to avert a threat to the health or safety of yourself or others.

##### **Government Agencies**

Under certain circumstances, we are required by law to disclose to military authorities the health information of Armed Forces personnel. We may disclose to authorized officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose protected health information to correctional institutions or law enforcement officials having custody of patients under certain circumstances.

**WE WILL NOT DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING CIRCUMSTANCES:**

**Research**

We will not use or disclose information about you for research purposes without your prior permission.

**Marketing Health Related Services**

We will not use your health information for marketing communications without your written authorization.

**PATIENT RIGHTS REGARDING PROTECTED HEALTH INFORMATION**

**You have the right to:**

- \*Expect that your PHI will be treated confidentially within the dental care team.
- \*Receive copies of your PHI. To obtain access to your health information, you may use an authorization form or send a letter to the contact information at the end of this Notice. We will charge a reasonable cost-based fee for expenses to make photocopies, radiograph copies, facsimiles, or other formats of PHI.
- \* Receive a list describing how we or our business associates disclosed your PHI for purposes, other than treatment, payment, and healthcare operations, since April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.
- \* Request that we place additional restrictions on our use or disclosure of PHI. Although we are not required to agree to these additional restrictions, if we do, we will abide by our agreement (except in an emergency).
- \* Request in writing that we amend your PHI. We may deny your request under certain circumstances.
- \* Request that we send PHI to you at an alternate address, if we can provide it in the format you requested.

**QUESTIONS AND COMPLAINTS**

**You may contact us using the information at the end of this Notice if:**

- \*You would like more information about our privacy practices.
- \* You wish to comment on a request you made to amend or restrict the use or disclosure of your health information.
- \* You disagree with a decision we have made about access to your health information.
- \* You feel that we may have violated your privacy rights.

You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

**CONTACT INFORMATION**

For more information about our privacy practices, or for additional copies of this Notice, please contact us at:

Middle Tennessee Pediatric Dentistry  
40 W. Caldwell St.  
Suite 202  
Mount Juliet, TN 37122  
(615) 758-7511  
www.midtennpd.com

Signature (Parent/Legal Guardian)\_\_\_\_\_Date\_\_\_\_\_