

Notice of Privacy Policies and Practices for Dr. William Myers DDS, PC

Dear Patient,

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction:

At the office of Dr. William Myers, D.D.S., we are committed to treating and using personal information about you responsibly. This notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your personal dental health information. The notice is effective April 14, 2003 and applies to all personal health information as defined by federal regulations.

Understanding Your Dental Health Record Information:

Each time you visit our office a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, and treatment, as well as other pertinent dental health data. This information, often referred to as your dental record, serves as the:

- Basis for planning your care and treatment.
- Means of communication with other healthcare professionals involved in your care.
- Legal documentation outlining and describing the care you received.
- Tool that you or another payer (your insurance company) will use to verify that services billed were actually provided.
- Tool that we can reference to ensure the highest quality of care and patient satisfaction.

Understanding what is in your record and how your dental health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to additional individuals.

Your rights:

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your personal health information. This request must be in writing.
- The right to receive confidential communications concerning your health and treatment.
- The right to amend or submit corrections to your protected health information.
- The right to receive a printed copy of this notice.

Our Responsibilities:

- Maintain the privacy of your 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 and acknowledge revisions with notifications.
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and/or locations.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and restrictions. Any updates will be posted in our office. We will not use or disclose your health information without your authorization, except as described in this notice.

How We May Use and/or Disclose Your Health Information:

We may use your health information for treatment. Your health information may be used by our dental team members or disclosed to other healthcare professionals for the purpose of evaluating your dental health, diagnosing health conditions, and providing treatment.

We will use your information to support requests for payment for services you have received. Your health plan may request and receive information on dates of service, the services provided, and the condition being treated in order to pay for the services rendered to you.

We will use your information for regular office operations. Your health information may be used to support day-to-day activities and management of our office. For example, information on the services you receive may be used to support budgeting, financial reporting, and activities to evaluate and promote quality.

Business associates may use your information. In some instances, we have contracted with separate entities to provide services to us. These business associates may require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these business associates might be an answering service or computer software/hardware provider.

We may use your information to communicate with your family. Due to the nature of our field, we will use our best judgment (example: emergency situations) when disclosing health information to a family member, other relative, or any other person that is involved in your care or whom you have authorized to receive this information. We will ask patients 18 years and older to sign a form, *Consent to Release Information*. This form will be used when information must be given to anyone other than themselves.

We may use your information for healthcare oversight. Federal law requires us to release your information to an appropriate health oversight agency, public health authority, attorney, or other federal/state appointee if there are circumstances that require us to do so.

We may use your information for law enforcement. Your health information may be disclosed to law enforcement agencies without your permission to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

We may use your information for appointment reminders. This practice may use your information to remind you about upcoming appointments. Typically, appointment reminders are brief, non-specific messages that may be left on your answering machine/voice mail.

Other uses and disclosures. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Would you like online access to your account? Yes or No

Patient Signature _____ Date _____