

Rio Ranch Orthodontics
HIPAA
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations (TPO), and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition, and related health care services.

1. Uses and Disclosure of PHI:

Your PHI may be used and disclosed by your dentist, his office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the dentist's practice and any other use required by law.

- Treatment: We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to your general dentist to whom you have been referred in order to assure that he/she has the necessary information to diagnose or treat you appropriately.
- Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for hospital admission.
- Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business of your dentist's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of dental students, licensing and conducting or arranging for other business activities. For example, we may disclose your PHI to dental school students who see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your dentist. We may also call you by name in the reception area when your dentist is ready to see you. We may use or disclose your PHI as necessary to contact you to remind you of your appointment. We may use or disclose your PHI in the following situations without your authorization, as required by law: communicable diseases, health oversight, abuse or neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, coroners, funeral directors and organ donation research, criminal activity, military activity and national security, worker's compensation, inmates, and required uses and disclosures. Also, under the law we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500.
- Appointment Reminders: We may use and disclose dental information to contact you as a reminder that you have an appointment for treatment for dental care at Rio Rancho Orthodontics. The reminder may be by mail or as a telephone message.

Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object unless required by law. You may revoke this authorization at any time in writing, except to the extent that the dentist or the dentist's practice has taken an action in reliance on the use or disclosure indication in the authorization.

2. Your Rights The following is a statement of your rights with respect to you PHI:

- The Right To Inspect and Copy Your PHI: Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.
- The Right To Request A Restriction To Your PHI: This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care, or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply. Your dentist is not required to agree to any restriction that you may request. If the dentist believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another health care professional.
- The Right To Request To Receive Confidential Communications From Us By Alternative Means Or At An Alternative Location: You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, e.g. electronically.
- The Right To Have Your Dentist Amend Your PHI: If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement, and we will provide you with a copy of any such rebuttal.
- The Right To Receive An Accounting Of Certain Disclosures We Have Made, If Any, Of Your PHI: We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided by this notice.

3. Complaints

You may complain to us, or the Secretary of Health and Human Services, if you believe your privacy rights have been violated by Rio Rancho Orthodontics. You may file a complaint with us by submitting a written document to: Privacy Officer, Rio Ranch Orthodontics, 1316 Jackie Road, Suite 300, Rio Rancho, NM 87124. You will not be penalized for filing a complaint. This notice is effective on April 14, 2003, and will remain in effect until we replace it. We are required by law to maintain the privacy of, and provide the individuals with, this notice of our legal duties and privacy practices with respect to PHI. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at (505) 892-5749.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices

Print name _____ Signature _____ Date _____