

Notice of Privacy Practices

Effective January 1, 2005

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

**THIS IS A CONDENSED VERSION OF OUR PRACTICE POLICY,
A MORE COMPLETE VERSION IS AVAILABLE SHOULD YOU DESIRE TO HAVE A COPY.**

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI):

- **FOR TREATMENT:** used by us or another health care provider for treatment of a medical condition.
- **FOR PAYMENT:** used by us, or an affiliated business, in order to receive reimbursement for health care treatment provided to you.
- **FOR HEALTH CARE OPERATIONS:** used by us to ensure quality care is provided to you.
- **APPOINTMENT REMINDERS:** used in order to contact you regarding upcoming appointment(s) or treatment.
- **TREATMENT ALTERNATIVES:** used in order to inform you of alternative treatment options.
- **HEALTH-RELATED BENEFITS AND SERVICES:** used to inform you of health-related benefits that may be available to you.
- **EMERGENCIES:** used to ensure appropriate health care is provided to you in an emergency.
- **INDIVIDUALS INVOLVED IN YOUR HEALTH CARE OR PAYMENT FOR YOUR HEALTH CARE:** used to inform friends or family members of your treatment or health care needs.
- **AS REQUIRED BY LAW:** used when required by federal, state or local law.
- **PUBLIC HEALTH ACTIVITIES:** used for the purposes of public health.
- **ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:** used to notify appropriate government officials as required by law or agreed by you.
- **HEALTH OVERSIGHT ACTIVITIES:** used by health oversight agencies as authorized and required by law.
- **JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** used as required by court or administrative order.
- **LAW ENFORCEMENT:** used as required by a law enforcement official for law enforcement purposes.
- **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** used to help identify deceased or determine cause of death.
- **ORGAN, EYE AND TISSUE DONATION:** used if you are an organ donor.
- **RESEARCH:** used for limited research purposes.
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** used to avert a serious health or safety threat to another person or public.
- **MILITARY AND VETERANS:** used as required by appropriate military command authorities.
- **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** used as authorized by law for national security, intelligence and counterintelligence.
- **PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:** used as required to provide protection to the President and other authorized persons.
- **INMATES:** used if you are an inmate as required by law.
- **WORKERS' COMPENSATION:** used as required to support benefits for work related injury or illness.
- **OTHER USES AND DISCLOSURES:** used only if you provide written authorization.

YOUR RIGHTS:

- **RIGHT TO REQUEST RESTRICTIONS:** You have the right to request restriction of limitation on use or disclosure of your PHI. Note that we are not required to agree with your request.
- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You may request that we communicate to you in a particular way or at a particular place. Your request must be in writing. We will accommodate all reasonable requests. However, we may require certain conditions and information.
- **RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy your PHI. This does not include psychotherapy notes, information compiled in anticipation or preparation of a legal action, or PHI to which access is denied by law. Requests must be in writing. We may charge a fee for the costs of copying, mailing or preparing the requested documents. Requests may be denied if: the PHI requested is prohibited by law; you are an inmate, under certain conditions; the PHI was obtained or created in the course of research; denied by Privacy Laws; or, information provided was provided by someone other than a health care provider.
- **RIGHT TO AMEND:** You have the right to request an amendment if your PHI is incorrect or incomplete. Requests must be in writing. Your request may be denied if the PHI was not created by us; the PHI is not a part of a record set maintained by us; is not a part of information you would be permitted to inspect or copy by law; or, is accurate and complete.
- **RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request disclosures of your PHI made by us. Requests must be in writing and apply only to disclosures occurring after April 14, 2003. Only one accounting per 12-month period will be provided without charge. There are numerous exceptions to what disclosures must be accounted for: for treatments, payments, to you, those required by law, facility directory use, care and notification purposes, correctional institutions and law enforcement, part of a limited data set.
- **RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a copy of this notice and the more detailed notice summarized here. Send your request to: Privacy Officer, 3105 Middle Road, Columbus, IN 47203
- **CHANGES TO THIS NOTICE:** We reserve the right to change this and the underlying Notice at any time. A copy of the current Notice will be posted in the Waiting Room of our offices.
- **COMPLAINTS:** If you believe your rights have been violated you may file a complaint with North Park Dentistry, or with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing the complaint. To file a complaint with North Park Dentistry, contact Camzy Helms, 3105 Middle Road, Columbus, IN 47203, or by phone 812-379-4321.