

# HIPAA OMNIBUS NOTICE OF PRIVACY PRACTICES

## DENTAL ARTS OF DALTON, PC

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

This Notice describes the privacy practices of Dental Arts of Dalton, PC (“Dental Practice”). “We” and “our” means the Dental Practice. “You” and “your” means our patient. “Health information” means your Protected Health Information (PHI).

### CONTACT INFORMATION

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our Privacy Officer at:

Privacy Officer: Tiffany Lewis  
Telephone: (706) 278-4254 Fax: (706) 279-2881  
Email: info@dentalartsofdalton.com  
Address: 1716 Cleveland Hwy, Suite 400, Dalton, GA 30721

### OUR LEGAL DUTY

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect.

We reserve the right at any time to change our privacy practices and the terms of this Notice at any time, provided applicable law permits such changes. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all health information we maintain, including health information we created or received before we made the change in practices. This Notice took effect 09/01/2002 and was last revised 01/01/2021, it will remain in effect until we replace it.

We may amend the terms of this notice at any time. If we make a material change to our policy practices, we will provide to you, the revised notice. Any revised Notice will be effective for all health information we maintain. The effective date of a revised notice will be noted. A copy of the current notice in effect will be available in our facility and on our website. You may request a copy of the current notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed above.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our patients. We maintain physical, electronic and procedural safeguards in the handling and maintenance of our patients’ health information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction and misuse.

### USES AND DISCLOSURES OF HEALTH INFORMATION

Your protected health information (PHI) may be used and disclosed by our doctors, our staff, and others outside of our office who are involved in your care and treatment for the purposes of providing health care services to you. The following examples describe different ways we may use or disclose your health information. These examples are not meant to be exhaustive. We are permitted by law to use and disclose your health information for the following purposes:

**Treatment:** We may use your health information to provide you with dental treatment or services, such as cleaning or examining your teeth or performing dental procedures. We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care.

**Payment:** We provide dental services. We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, your insurance plan may request and receive information on dates that you

received services at our facility in order to allow your employer to verify and process your insurance claim. If you pay in cash in full (out of pocket) for your treatment, you may instruct us not to share information about your treatment with your health insurer. We will disclose health information to collection agencies and other subcontractors engaged in obtaining payment for care.

**Healthcare Operations:** We may use and disclose health information about you in connection with health care operations necessary to run our practice. Health care operations include review of our treatment and services, training, evaluating the performance of our staff and health care professionals, accreditation, certification, licensing, credentialing, quality assurance, financial or billing audits, legal matters, and business planning and development.

**Communication from our Office:** We may call your home or other designated locations and leave a message on voicemail or by text in reference to any times that assist our office in carrying out Treatment, Payment and Health Care Operations, such as appointment reminders, insurance items, billing and any call pertaining to your dental care. We may mail to your home, computer, or other designated locations any items that assist our office in carrying out Treatment, Payment and Health Care Operations.

**Treatment Alternatives and Health-Related Benefits and Services:** We may use and disclose your health information to communicate with you about treatment options or alternatives or health-related benefits and services as well as payment for those products and services and treatment alternatives that may be of interest to you.

**Your Written Authorization:** You (or your legal personal representative) may give us written authorization to use your health information or to disclose it to anyone for any purpose. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose that information. You may take back or “revoke” your authorization at any time if done in writing, except if we have already acted based on your authorization. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we will not use or disclose your health information for any purpose other than those described in this notice. We will obtain your authorization prior to using your health information for marketing, fundraising purposes or for commercial use. Once authorized, you may opt out of these communications at any time. If a use or disclosure of protected health information described above in this notice is prohibited or materially limited by other laws that apply to use, we intend to meet the requirements of the more stringent law.

**Disclosure to Family Members and Friends:** We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you are present and verbally give permission or if you give consent in writing and agree that we may do so. With your consent, we will disclose only the health information that is relevant to the person’s involvement. When a family member(s) or a friend(s) accompany you into the exam or treatment room, it is considered implied consent on your part that a disclosure of your health information is acceptable. In an emergency situation involving you, based on our judgment and as per 164.522(a) of HIPAA, we may disclose your health information to a family member or friend who is involved with your care or payment for your care if we believe it is in your best interest to do so.

**Emergency Situations:** We may use or disclose your name, location and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person’s involvement in your healthcare.

**Reminders:** We may use or disclose health information when contacting you to remind you about your dental care. It is the policy of our office to contact you by phone call, voice message, text message, email, postcard, or letter to any phone number, address or email that you provide. By providing your phone number and email, you agree that you may receive text and voice message reminders. If you prefer that we not contact you with reminders, please notify us in writing at our address listed above and we will not use or disclose your health information for these purposes.

**Business Associates:** We may disclose your protected health information to our third-party service providers (called, “Business Associates”) that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use a business associate to assist us in maintaining our practice management software. All of our business associates are obligated, under written contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Required by Law:** We may use or disclose your health information to the extent we are required by law to do so. We may disclose patient health information in response to a court or administrative order or a subpoena, discovery request, or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested. We may disclose your health information to a law enforcement official for a law enforcement purposes, such as to identify or locate a suspect, material witness or missing person or to alert law enforcement of a crime.

**Public Health and Benefit Activities:** We may disclose patient health information for public health activities and purposes, which include: preventing or controlling disease, injury or disability; reporting births or deaths; reporting child abuse or neglect; reporting adverse reactions to medications or foods; reporting product defects; enabling product recalls; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Victims of Abuse, Neglect or Domestic Violence:** We may disclose health information to the appropriate government authority about a patient (child or adult) whom we believe is a victim of abuse, neglect or domestic violence.

**Health Oversight Activities:** We may disclose patient health information to a health oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs, and compliance with certain civil rights laws.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose your health information to a coroner, medical examiner or funeral director to allow them to carry out their duties.

**Organ, Eye and Tissue Donation:** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

**Research:** We may use or disclose your information for research purposes pursuant to patient authorization waiver approval by an Institutional Review Board or Privacy Board.

**Serious Threat to Health or Safety:** We may use or disclose your health information if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety.

**Specialized Government Functions:** We may disclose your health information to the military (domestic or foreign) about its members or veterans, for national security and protective services for the President or other heads of state, to the government for security clearance reviews, and to a jail or prison about its inmates.

**Workers' Compensation:** We may release medical information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Highly Confidential Information:** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly Confidential Information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information. State laws often protect the following types of information: HIV/AIDS; Mental Health; Genetic Tests (in accordance with GINA 2009); Alcohol and drug abuse; Sexually transmitted diseases and reproductive health information; and Child or adult abuse or neglect, including sexual assault.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal official health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Data Breach Notification:** We may use your contact information to provide legally required notices of unauthorized acquisition, access or disclosure of your health information.

**Schedules:** It is the policy of our office to post the current day schedule on a printed schedule and on computer screens.

**Waiting Rom:** It is the policy of our office to call you by name from the waiting room.

**Marketing/Fundraising:** We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

## **PATIENT RIGHTS**

You have the following rights with respect to certain health information that we have about you (information in a Designated Record Set as defined by HIPAA). To exercise any of these rights, you must submit a written request to our Privacy Official listed on the first page of this Notice.

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies. If you request X-Rays, there will be a fee for any copies of films. You are not entitled to originals, only copies. Postage will be added if copies are to be mailed. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Details of all fees are available from the HIPAA Coordinator. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

**Disclosure Accounting:** You have a right to receive an accounting of disclosures of your health information for the six (6) years prior to the date that the accounting is requested except for disclosures to carry out treatment, payment, health care operations (and certain other exceptions as provided by HIPAA). The first accounting we provide in any 12-month period will be without charge to you. We may charge a reasonable fee to cover the cost for each subsequent request for an accounting within the same 12-month period. We will notify you in advance of this fee and you may choose to modify or withdraw your request at that time.

**Right to Restrict Use and Disclosure:** You may request that we restrict uses of your health information to carry out treatment, payment, or health care operations or to your family member or friend involved in your care or the payment for your care. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We may not (and are not required to) agree to your requested restrictions, with one exception: If you pay out of your pocket in full for a service you receive from us and you request that we not submit the claim for this service to your health insurer or health plan for reimbursement, we must honor that request.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

**Right to Amend:** If you believe that your health information is incorrect or incomplete, you have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

**Right to Notification of a Breach:** We are required by law to notify you if the privacy or security of your health information has been breached. The notification will occur by first class mail within sixty (60) days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of your health information. The breach notification will contain the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches.

**Paper Copy of this Notice:** If you received this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice upon your request.

**Confidentiality:** You have the right to receive your information in a confidential manner.

## **QUESTIONS AND COMPLAINTS:**

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, about amending your health information, about restricting our use or disclosure of your health information, or about how we communicate with you about your health information (including a breach notice communication), you may contact our Privacy Officer to register either a verbal or written complaint. You may also submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, DC, 20201. You may contact the Office for Civil Rights' hotline at 1-800-368-1019. We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.