



HIPAA Policies of Orthodontic Associates

NOTICE OF PRIVACY PRACTICES

This notice describes how dental/medical information about you may be used and disclosed and how you can get access to this information. This notice describes the privacy policies of our office and does not govern the independent practices or operations of others. We do understand that dental and medical information about you and your health is personal. This notice applies to all of the records of your care generated by this office whether made by staff personnel or your personal doctor(s) and/or billing information. You will note no information will be released about you, your treatment, or payment history unless a signed release accompanies the request for information. There are some instances as directed by law that will require us to release information without your signed consent. They are listed as follows:

We may use and disclose dental/medical information for treatment, payment, office operations or scheduling, appointment reminders, treatment alternatives, advising individuals involved in your care, as required or directed by law, military reasons, worker's compensation claims or illnesses, public health risks, Health oversight activities such as audits, investigations, inspections and licensure, lawsuits and disputes through court order, to coroners, to medical examiners, to funeral directors, to national security in accordance with intelligence activities, to protective services of the President and others as directed by authorized persons, to correctional institutions.

YOUR RIGHTS REGARDING DENTAL/MEDICAL INFORMATION ABOUT YOU

You have the right to inspect and request a copy in writing of your medical and dental health information and amend your records by submitting the amendment in writing stating reasons to support the amendment. Doctor's notes will not be amended but you may place in writing your opinions or notes to be recorded in your file. You have a right to notation of all disclosures, to restrict the information we disclose or limit the content to persons assisting with your care, to restrict or request a special or direct way of communication.

We reserve the right to change this notice. You have the right to obtain an additional copy of this notice at any time.

If you believe your rights have been violated at any time, you may contact or submit your complaint in writing to the Office Manager who in turn will notify the doctors. If we cannot resolve your concern(s), you also have the right to file a complaint with the Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

Other uses and disclosures of dental/medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose dental/medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back disclosures we have already made with your permission and that we are required to retain our records of the care that we provided you.