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**PEDIATRIC DENTISTRY**

[www.ReadySetSmile.net](http://www.ReadySetSmile.net)

## **Notice of Privacy Practices**

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

It is our responsibility to communicate to you that we are taking seriously Federal Law (HIPAA-Health Insurance Portability & Accountability Act) enacted to protect the confidentiality of your health information. We do not ever want you to delay treatment because you are afraid your child's personal health history might be unnecessarily made available to others outside our office.

### **WHY DO WE HAVE A PRIVACY POLICY?**

The federal government legally enforces the importance of the privacy of health information largely in response to the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electric exchange of your health information. This has compelled us to review not only how your child's health information is used within our computer but also with the internet, phone, faxes, copy machines, and charts. We believe this has been an important exercise for us because it has disciplined us to put in writing the policies and procedures we follow to protect your child's health information when we use it.

We want you to know about these policies and procedures which we developed to make sure your child's health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your child's health information and in keeping with these laws; we want you to understand our procedures and your rights as our valuable patient.

We will use and communicate your child's health information only for the purposes of providing treatment, obtaining payment, conducting health care operations, and as otherwise described in this notice.

### **HOW YOUR CHILD'S HEALTH INFORMATION MAY BE USED**

**TO PROVIDE TREATMENT:** We will use your child's health information within our office to provide him/her with dental care. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between health care providers and business office staff. In addition, we may share your child's health information with other health care personnel providing your child treatment.

**TO OBTAIN PAYMENT:** We may include your child's health information with an invoice used to collect payment for treatment received in our office. We may do this with insurance forms filed for you by mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

**TO CONDUCT HEALTH CARE OPERATIONS:** Your child's health information in connection with our healthcare operations. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. For example, healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conduction training programs, accreditation certification, licensing, or credentialing activities.

**IN PATIENT REMINDERS:** Because we believe regular care is very important to your oral and general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your child's condition and/or to offer you sooner appointments when they become available and are in the child's best interest. These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best preventative and restorative care possible. Communications may include postcards, letters, telephone calls and messages, or electronic reminders such as email (unless you tell us that you do not want to receive these reminders).

**TO BUSINESS ASSOCIATES:** We have contracted with one or more third parties (referred to as a business associate) to use and disclose your child's health information to perform services for us, such a billing services. We will obtain each business associate's written agreement to safeguard your child's health information.

### **USES & DISCLOSURES**

Federal law permits us to make certain uses or disclosures of health information without your permission. Federal law also requires us to list in the Notice each of these categories of uses or disclosures.

**AS REQUIRED BY LAW:** We may use or disclose your child's health information as required by any statute, regulation, court order, or other mandate enforceable in a court of law.

**ABUSE OR NEGLECT:** We may disclose your child's health information to the responsible government agency if (a) the Doctor or team member in this practice reasonably believes that your child is a victim of neglect, abuse, or domestic violence, and (b) we are required or permitted by law to make the disclosure. We will promptly inform you that such a disclosure has been made unless the Doctor or Privacy Officer determines that informing you would not be in your child's best interests.

**PUBLIC HEALTH & NATIONAL SECURITY:** We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important

when the government believes that the public's safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

**FOR LAW ENFORCEMENT:** As permitted or required by State or Federal law, we may disclose your child's health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

**FAMILY, FRIENDS, & CAREGIVERS:** We may share your child's health information with those you tell us will be helping with your child's home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our best judgment when sharing your child's health information only when it will be important to those participating in the care of your child.

**JUDICIAL & ADMINISTRATIVE PROCEEDINGS:** We may disclose your child's health information in an administrative or judicial proceeding in response to a subpoena or a request to produce documents. We will disclose your child's health information in these circumstances only if the requesting party first provides written documentation that the privacy of the health information will be protected.

**INCIDENTAL USES & DISCLOSURES:** We may use or disclose your child's health information in a manner which is incidental to the uses and disclosures described in this Notice.

**HEALTH OVERSIGHT & ACTIVITIES:** We may disclose your child's health information to a government agency responsible for overseeing the health care system or health-related government benefit program.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may disclose your child's health information to reduce a risk of serious and imminent harm to another person or the public.

**TO THE U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS):** We may disclose your child's health information to HHS, the government agency responsible for overseeing compliance with federal privacy law and regulations regulating the privacy and security of health information.

**FOR RESEARCH:** We may disclose your child's health information for research, subject to conditions. "Research" refers to the systematic investigation designed to contribute to generalized knowledge.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

**RESTRICTIONS:** You have the right to request restriction on the use or disclosure of your child's health information for treatment, payment, or health care operations in addition to the restrictions imposed by federal law. Our office is not required to agree to your request, but we will attempt to honor reasonable requests. We generally are not required to agree to a requested restriction. Our office will honor your request that we not disclose your child's health information to a dental plan for payment or healthcare operation purposes if the health information relates solely to a dental care item or service for which you have paid us out-of-pocket in full.

**CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you by alternative means or at an alternative location. You may, for example, request that we communicate your child's health information only privately with no other family members present or through mailed communications that are sealed. We will honor your reasonable requests for confidential communications.

**INSPECT & COPY YOUR CHILD'S DENTAL RECORDS:** You have the right to read, review, and copy your child's dental records, including chart notes, x-rays, and account records. If you would like a copy of your child's dental records, please let us know. A Medical Information Release will need to be completed and signed by the patient's parent or legal guardian. You may obtain the form to request records by contacting our Privacy Officer.

**AMEND YOUR CHILD'S HEALTH INFORMATION:** You have the right to ask us to update or modify your child's records if you believe our records are incorrect or incomplete. In order to standardize our process, please provide us with your request in writing and describe the information to be changed and your reason for the change. Your request may be denied if the health information record in question was not created by our office, is not a part of our records or if the records containing your child's health information are determined to be accurate and complete. If we deny your request, we will provide you with a written explanation of the denial.

**REQUEST A PAPER COPY OF THIS NOTICE:** You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Ask a team member or give us a call and we will mail or email a copy to you. We are required by law to maintain the privacy of your child's health information and to provide to you or your personal representative with this Notice of our Privacy Practices. We are required to practice the policies described in this Notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice. You have the right to express complaints to us if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. We will not retaliate against you for submitting a complaint. Please let us know of your concerns or complaints in writing by submitting your complaint to our Privacy Officer.