

of asking us (or sixty days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies, if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the Office Administrator (see the end of this Notice).

- Ask us to amend your health information, if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. By law we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information send a written request, including your reasons for the amendment, to the Office Administrator (see the end of this Notice).
- Get a list of the disclosures that we have made to your health information within the past six years (or a shorter period, if you want). By law the list will not include: disclosure for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the Office Administrator (see the end of this Notice).
- Get additional paper copies of this Notice of Privacy Practices upon request. If you want additional copies, send a written request to the Office Administrator (see the end of this Notice).
- Ask that we do NOT disclose information about a procedure to your insurance company. So long as you pay in full for the procedure in a timely manner, and specifically direct us not to contact your insurance company, then we cannot make that disclosure.

CHANGES TO OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new Privacy Practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new Notice in our office, on our website, and have paper copies available in our office.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you may file a complaint with us or to the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to file a complaint with us, send a written complaint to the Office Administrator (see the end of this Notice). If you prefer, you can discuss your complaint in person, by phone, or in an email.

FOR MORE INFORMATION

If you want more information about our privacy practices, wish to notify us about changes to your privacy preferences, or have any other concerns, please contact:

Office Administrator - Inman Park Dentistry
245 North Highland Avenue NE, Suite 260
Atlanta, GA 30307
404.589.7799
reception@inmanparkdentistry.com

Updated: August 8th, 2017



Beautiful dentistry, comfortably done.®

NOTICE OF PRIVACY PRACTICES

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.

We respect our legal and moral obligation to keep your health information private, and are obligated by law to give you notice of our privacy practices. This Notice describes how we use and protect your health information and what rights you have regarding it. If we ever become aware of any breach of your protected information, you will be notified in a timely manner as to the nature of the breach and what actions, if any, are necessary.

HOW WE USE YOUR PERSONAL INFORMATION

The most common reasons we use or disclose your health information is for treatment, payment, or healthcare operations.

- Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; sending you email or text message notices, prescribing medications by phone or fax; referring you to another doctor or clinic; consulting with other medical professionals about you, or getting copies of your health information from another professional that you may have seen before us. *We may also share relevant information about your care with your family or friends who are helping you with your dental care.*
- Examples of how we use or disclose your information for payment purposes are: asking you about your dental care plan or other sources of payment; preparing and sending bills or claims to insurance companies; and collecting unpaid amounts (either ourselves or through a collection agency or attorney).
- Examples of how we use or disclose your health information for health care operations* are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; outside storage of our records; and disclosures to “business associates” who perform health care operations for us and who commit to respect the privacy of your health information.

*Health care operations include administrative and managerial functions that we have to do in order to run our office.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of these reasons, we will ask you for special written permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for specific purpose(s);
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices;

- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid or for investigation of possible violations of health care laws;
- Disclosures of judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is expected to be a victim of a crime; or to provide information about a crime at our office; or to report a crime that happened somewhere else;
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- Uses or disclosures for health related research;
- Uses and disclosures to prevent a serious threat to health or safety;
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- Disclosure of de-identified information;
- Disclosures relating to worker’s compensation programs;
- Disclosures of a “limited data sheet” for research, public health, or health care operations;
- Incidental disclosures that are an unavoidable by-products of permitted uses or disclosures;
- Disclosures to “business associates” who perform health care operations for us and who commit to respect the privacy of your health information.

APPOINTMENT REMINDERS

Unless you tell us otherwise, we may contact you by phone, written notice, email, text message, or fax to remind you of scheduled appointments or to schedule an appointment. We may also contact you to notify you of other treatments or services available at our office that might help you. Please be aware that any messages left or mailed to you could be received by others in your household who may have access to your messages/mail. Likewise, messages may be left with whoever answers your phone if you are not at home.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information without a signed authorization form. The content of an authorization form is determined by federal law. Sometimes we may initiate the authorization process if the use or disclosure is our idea, while other times you may initiate the process if you need us to send your information to someone else. In this situation you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing, and sent to our Office Administrator (see the end of this Notice).

Your information cannot be sold to or used by a 3rd party for marketing or fundraising purposes without your signed authorization. You will be informed if there are any financial conflicts of interest for any products or services utilized within the practice or as part of treatment.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except for emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the Office Administrator (see the end of this Notice).
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or emailing you at your personal email address. We will accommodate these requests if they are reasonable, and may assess a fee for any extra costs. If you want to ask for confidential communications, send a written request to the Office Administrator (see the end of this Notice).
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days