

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.

The Health Insurance and Portability Act of 1996(HIPPA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, to be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPPA provides penalties for cover entities the misuse personal health information. As required by law, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purpose of treatment, payment and health care operation.

- **Treatment** means providing, coordinating or managing health care and related services by one or more health care providers. For example, we may share information with other health care providers or specialists involved in the continuation of your care.
- **Payment** means such activities as obtaining reimbursement for services confirming coverage, billing or collection activities and utilization review. For example, we may disclose treatment information when billing a dental plan for your dental services.
- **Health Care Operations** includes the business of running our practice. For example, patient information may be used for training purpose or quality assessment.

Unless you request otherwise, we may use or disclose information to a family member, friend, personal representative, or emergency or your incapacity, we will use our professional judgment in disclosing only the protected health care information necessary to facilitate needed care. In addition, we may use your confidential information to remind you of appointments by sending reminder postcards and/or leaving messages at home and/or work. Your Protected health information may also be used by our office to recommend treatment alternatives or to provide you with information about health related benefits and services that may be of interest to you. In addition, we may disclose your information for public health oversight activities, judicial or administrative proceeding, in response to a subpoena or court order, to military authorities of Armed Forces personnel, to federal officials for lawful intelligence, counterintelligence, and other national security activities, to correctional institutions or law enforcement officials, and or to report suspected abuse, neglect, or domestic violence. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

other individual to the extent necessary to help with your health care of with payment for your healthcare, in the event of an

You have certain rights in regards to your protected health information, which you may exercise by presenting a written request to our Privacy Officer at the practice address below.

- The right to request restrictions on a certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any person identified by you. We are, however, not required to agree to a request restriction. If we do agree to a restriction, we must abide it unless you agree in writing to remove it.
- The right to access, inspect, and copy your protected health information, with the limited exceptions. a reasonable fee may be assessed
- The right to request an amendment to your protected health information. We may deny your request in certain situations.
- The right to receive accounting of disclosures of protected health information made outside of treatment, payment or health care operations...or based on your previous authorizations
- The right to obtain a paper copy of this notice form upon request.

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