



# Notice of Privacy Practices

This notice describes how patient health information may be used and disclosed and how you can get access to this information, as mandated by HIPAA. Please review our privacy practices carefully. The privacy of your health information is IMPORTANT to us.

## ***Our Legal Duty***

Federal and state law requires us to maintain the privacy of your health information. That law also requires us to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices we describe in this notice while it is in effect. This notice takes effect October 13, 2008 and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such applicable law permits the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain. We will make this notice or any changes to this notice available anytime upon request.

## ***Uses and Disclosures of Health Information***

We use and disclose health information about you for treatment, payment and health care operations. This may include the following:

**TREATMENT:** We may use your health information for treatment or disclose it to a dentist, physician or other health care provider providing treatment to you.

**PAYMENT:** We may use and disclose your health information to obtain payment for services we provide to you. We may also disclose your health information to another health care provider or entity that is subject to the federal Privacy Rules for its payment activities.

**HEALTH CARE OPERATION:** We may use and disclose your health information for our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**ON YOUR AUTHORIZATION:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

**TO YOUR FAMILY AND FRIENDS:** We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. Before we disclose your health information to these people, we will provide you with an opportunity to object to our use or disclosure. If you are present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment or whether the disclosure would be in your best interest. We may use our professional judgment with common practice to make reasonable inferences of your best interest.

**APPOINTMENT REMINDERS:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

**DISASTER RELIEF:** We may use or disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**OTHER/PUBLIC BENEFIT:** We may also release information about your child as required by law or for Public Health risks. We may disclose information to law enforcement, to coroners, health examiners and funeral directors. We may disclose information to avert a serious health or safety risk or for matters of National Security. We may release information to report child abuse, neglect or domestic violence.



# Notice of Privacy Practices cont.

## **Patient Rights**

**ACCESS:** You have the right to look at or get copies of your health information with limited exceptions. You must make a request in writing to obtain access to your health information.

**DISCLOSURE ACCOUNTING:** You have the right to reserve a list of instances in which our business has disclosed your health information over the last 6 years (but not before October 13, 2008).

**RESTRICTION:** You have the right to place additional restrictions on our use or disclosure of your child's health care information.

**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. It is important to note that email and text communication is not always secure. Email and text messages can be intercepted and for this reason, Dance Dentistry for Kids does not communicate personal health information through this method. Dance Dentistry for Kids will never ask for account information, credit card numbers, or personal information via email or text message. If you think you may have received a suspicious email or text from Dance Dentistry for Kids, please contact our office immediately at 208-772-2202.

**RIGHT TO INSPECT AND COPY:** Inspection and copy of records.

**AMENDMENT:** You have the right to request that we amend your health information. Your request must be in writing and it must explain why we should amend the information. We may deny your request under certain circumstances.

## **Questions & Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us.

For example, if you believe:

1. We have violated your/your child's privacy rights.
2. We made a decision about access to your health information incorrectly.
3. Our response to a request you made to amend or restrict the use or disclosure of your health information was incorrect.
4. We should communicate with you by alternative means or at alternative locations.

You may contact us through Dallin Dance, DDS, our HIPAA Privacy Officer to file a complaint. You may also submit a written complaint to the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your/your child's health information.

### CONTACT INFORMATION:

Dance Dentistry For Kids  
1027 W. Prairie Ave  
Hayden Idaho 83835  
208-772-2202 (Office), 208-772-2213 (Fax)  
HIPAA Officer: Dallin Dance, DDS

I have read the Notice of Privacy Practices and, if requested, I have received a copy of these practices.

Name of patient: \_\_\_\_\_ DATE: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

SIGNATURE (must be parent/guardian for minor): \_\_\_\_\_