

Notice of Privacy Practices

EFFECTIVE DATE: 9/18/2020

THIS NOTICE DESCRIBES HOW DENTAL AND OTHER HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our commitment to protecting health information about you

Smiles For Miles dental office - we are committed to protecting the privacy of your health information and to guaranteeing your rights under the Health Insurance Portability and Accountability Act (HIPAA).

In this Notice, we describe the ways that we may use and disclose health information about our patients. HIPAA requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called Protected Health Information (PHI). This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

As permitted by the HIPAA Privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post an updated copy on our website. We will also provide a copy of the revised Notice to you upon request. You may request a copy of the Notice using the contact information provided below, and will be asked to acknowledge and confirm that you received this Notice. Our services are not conditioned upon your acknowledgement of this Notice.

Uses and disclosures for treatment, payment and healthcare operations.

The following categories describe the different ways we may use and disclose PHI for treatment, payment or healthcare operations without your consent or authorization. The examples included in each category do not list every type of use or disclosure that may fall within that category. Please contact our office management, using the contact information provided at the end of this notice, for specific information relating to your state.

Treatment:

We may use and disclose PHI about you to provide, coordinate, or manage your healthcare and related services. We may consult with other healthcare providers regarding your treatment and coordinate and manage your healthcare with others. For example, we may use and disclose PHI when you need a prescription, lab work, or other healthcare services. In addition, we may use and disclose PHI about you when referring you to another healthcare provider. For example, if you are referred to another physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications. In emergencies, we may use and disclose PHI to provide the treatment you need. We may also disclose PHI about you for the treatment activities of another healthcare provider. For example, we may send a report about you to a physician or other healthcare provider that we refer you to so that the other provider may treat you.

Payment:

We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We may also disclose PHI to another healthcare provider or to a company or health plan required to comply with HIPAA for the payment activities of that healthcare provider, company or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

Communication From Our Office:

We may contact you to remind you of appointments, suggestions about follow up care, and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. If appropriate, we may make these communications via email or text message. However, as noted below, you have the right under HIPAA to request that communications regarding PHI be delivered in another manner or at another location.

We use vendors and service providers for a variety of business purposes to help us offer, provide, and bill for the services we provide. We may share your information with third party vendors and service providers only when it is necessary for them to perform work on our behalf. We do not sell, rent, license, or lease your information to third parties.

We do not share text message opt-in with affiliates/third parties for their marketing or any other purposes. According CTIA Guidelines.

Individuals Involved In Your Care or Payment for Your Care: We will not disclose PHI about you, in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you.

- We may disclose PHI about you to your family member, close friend or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care.
- If you are able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object.
- We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, X-rays or other things that contain PHI about you.

Appointment Reminders: We may use and disclose medical information in order to provide you with a reminder that you have an appointment for testing or consultation.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Required by Law: We may use and disclose PHI as required by federal, state or local law to the extent that the use or disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities: We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- To prevent or control disease, injury or disability;
- To report disease, injury, birth or death;
- To report child abuse or neglect;
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA) or other activities related to quality, safety or effectiveness of FDA-regulated products or activities;
- To locate and notify persons of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illnesses or workplace medical surveillance.

Abuse, Neglect or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse or neglect.

Military and Veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

National Security, Intelligence Activities, and Protective Services for the President and Others: We may release PHI about you to federal officials for intelligence, counterintelligence, protection to the President, and other national security activities authorized by law.

Correctional Institution: If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.

Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the healthcare system, government healthcare programs and compliance with certain laws.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement: Under certain conditions, we may disclose PHI to law enforcement officials for these purposes where the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request or other authorized process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim and the identity of the person who committed the crime.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

Disclosures Required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with HIPAA. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you.

Incidental Disclosures: We may use or disclose PHI incident to a use or disclosure permitted by HIPAA so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.

Other uses and disclosures of protected health information require your authorization

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

Your rights regarding protected health information about you

Under federal law, you have these rights regarding PHI about you:

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use or disclose for treatment, payment and healthcare operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or healthcare operation purposes and such information you wish to restrict pertains solely to a healthcare item or service for which you have paid us “out-of-pocket” in full. If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our office manager. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and (3) to whom you want those restrictions to apply.

Right to Receive Confidential Communications: When patients request services from us, we routinely obtain their consent to receive certain communications from us by email or in-office visit. For example, you may request that we contact you by regular mail rather than email. You must make your request in writing. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate only reasonable requests.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal or administrative proceeding.

Right to Amend: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our office manager. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

Right to receive notice of a breach: You have the right to be notified if your unsecured protected health information has been breached.

Right to Receive an Accounting of Disclosures: You have the right to request a list of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years, other than disclosures made for treatment, payment and healthcare operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, correctional and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you. To make a request, please contact our office manager using the contact information listed below. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our office manager using the contact information provided below.

Contact information:

Smiles For Miles – Dental office.
2020 Coffee rd
Modesto, CA 95376
Phone: 209-571-9855