

Betar Dental & Associates

Notice of Privacy Practices

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

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 05/01/2019 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 changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for treatment, payment, and health care operations. Each of these categories is described below with an example. We may use or share your information for other reasons, usually for the public good, and certain of those reasons are described below. For additional information regarding permitted uses and disclosures of your health information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

Treatment. We may use and disclose your health information for your treatment. For example, we may disclose your health information to doctors, nurses, technicians, specialists, or other professionals who are providing treatment to you.

Payment. We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment

activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

Healthcare Operations. We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Individuals Involved in Your Care or Payment for Your Care. Unless you tell us not to, we may disclose your health information to your family or friends, or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Disaster Relief. We may use or disclose your health information to assist in disaster relief efforts.

Required by Law. We may use or disclose your health information when we are required to do so by law.

Threat to Health or Safety. We may disclose your health information when we in good faith believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Public Health Activities. We may disclose your health information for public health activities, including disclosures to:

- o Prevent or control disease, injury or disability;
- o Report child abuse or neglect;
- o Report reactions to medications or problems with products or devices;
- o Notify a person of a recall, repair, or replacement of products or devices;
- o Notify a person who may have been exposed to a disease or condition; or
- o Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

National Security. We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

Secretary of HHS. We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Worker's Compensation. We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement. We may disclose your health information for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities. We may disclose your health information to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research. We may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors. We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Organ and Tissue Donation Requests. We may release your health information to organ procurement organizations for the purpose of facilitating organ, eye or tissue donation and transplantation.

Other Uses and Disclosures of PHI

Your written authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of your health information for marketing purposes, and for the sale of your health information. In addition, we will also obtain your written authorization before using or disclosing your health information for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your health information for the uses set forth in the revoked authorization, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights

Access. You have the right to look at or get copies of your health information, with limited exceptions. Access or copies can usually be provided within 30 days. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting. You have the right to receive an accounting of disclosures of your health information. An accounting is a list of times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except those for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official identified at the end of this Notice. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

Right to Request a Restriction. You have the right to request additional restrictions on our use or disclosure of your health information by submitting a written request to the Privacy Official identified at the end of this Notice. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. In most instances, we are not required to agree to your request and will not agree to a request that will negatively affect your care. If you pay for a service or health item out of pocket in full, however, you can ask us not to share that information for the purpose of payment or our operations with your health insurer and will agree unless a law requires us to share the information.

Alternative Communication. You have the right to request that we communicate with you about your health information by alternative means, such as by calling a home, work or cellular phone, or at alternative locations, such as a different mailing address. You must make your request in writing. Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have unless doing so would endanger your welfare.

Amendment. You have the right to request that we amend your health information, if you believe it is incorrect or incomplete, by submitting a written request to the Privacy Official identified at the end of this Notice. Your written request must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation within 60 days stating why we denied your request and explain your rights.

Right to Notification of a Breach. We will notify you in the event of a breach of your unsecured protected health information as required by law.

Electronic Notice. You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by e-mail.

Questions and Complaints

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

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us by contacting our Privacy Official.

Our Privacy Official: Kayla Updike
Address: 2217 Seventh Avenue, Altoona, PA 16602
Telephone: (814) 942-9111
Fax: (814) 946-9411
E-mail: office@betardental.com

You also may complain to the U.S. Department of Health and Human Services, Office of Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting their website at www.hhs.gov/ocr/privacy/hipaa/complaints/.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

BETAR DENTAL & ASSOCIATES

2217 Seventh Avenue, Altoona, PA 16602
(814) 942-9111
office@betardental.com

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES

I received a copy of the Notice of Privacy Practices of Betar Dental & Associates.

Patient Name: _____

Signature: _____

Date: _____

BETAR DENTAL & ASSOCIATES
2217 Seventh Avenue, Altoona, PA 16602
(814) 942-9111
office@betardental.com

CONFIRMATION OF RECEIPT OF PRIVACY PRACTICES
IN LIEU OF WRITTEN ACKNOWLEDGMENT

Our patient _____ received the Notice of Privacy Practices but there is no signed acknowledgment from the patient for the following reason: _____

Workforce Member Name: _____

Signature: _____

Date: _____