

## PATIENT RIGHTS

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**Access:** You have the right to read, review, and copy your health information, including your complete chart, x-rays, and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your records.

**Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, Payment, healthcare operations and certain other activities for the last 6 years, but not before April 14, 2003.

### Amend Your Health

**Information:** You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, provide us with your request in writing and describe your reason for the change.

*Request a paper copy of this notice*

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call and we will mail a copy to you.

We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedure described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice.

You have the right to express complaints to us or the secretary of Health and Human Services if you believe your privacy right have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. **Please let us know of your concerns or complaints in writing.** We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services.



775 E. Holland, Suite 201  
Spokane, WA 99218  
Phone (509) 464-2391  
Fax (509) 232-0555



## NOTICE OF PRIVACY PRACTICES

Please review it carefully

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Dear Patient:

It is our desire to communicate to you that we are taking the new Federal (HIPAA-Health Insurance portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We will use and communicate your health information only for the purposes of providing your treatment, obtaining payment and conducting dental procedures.

**Our legal Duty** We are required by applicable federal and state law to maintain the privacy of your health information. We are also required 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 that are described in this Notice while it is in effect.

If you would like more information or have questions about our office privacy policy please contact: our office at 464-2391.

## HOW YOUR HEALTH INFORMATION MAY BE USED

**To Provide Treatment** We will use your health information within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist, and business office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories, pharmacies or other health care personnel providing you treatment.

**To obtain Payment** We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

**In Patient Reminders** Because we believe regular care is very important to your oral and general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options, or services that may be of interest to you or your family.

These communications are an important part of our philosophy of partnering with

our patient to be sure they receive the best preventive and restorative care modern dentistry can provide. They may include postcards, folding postcards, letters, telephone reminders or electronic reminders such as email. (unless you tell us that you do not want to receive these reminders).

**Abuse or Neglect** We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

**Public Health and National Security** We may be required to disclose to the Federal officials or military authorities health information necessary to complete an investigation related to public health or national security.

**For Law Enforcement** As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

**Marketing Health –related Services** We may not use your health information for marketing communications without your written authorization.

## **Family, Friends and Caregivers**

We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In case of an emergency, where you are unable to tell us what you want we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

## **Authorization to use or disclose Health information**

Other than stated above or where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. By state law your authorization is valid for 90 days. You may revoke that authorization in writing at any time.