

## HERESI DENTAL CARE – NOTICE OF PRIVACY PRACTICES

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

Applicable federal and state law requires Heresi Dental Care:

- to maintain the privacy of your health information.
- to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information.
- to follow the privacy practices that are described in this Notice while it is in effect.

Heresi Dental Care., reserves the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request and by posting a copy in each office.

Heresi Dental Care, will use and disclose Protected Health Information (PHI) about you for:

- Treatment – i.e. disclosing PHI to a physician or other healthcare provider providing treatment to you.
- Payment – i.e. disclosing PHI to obtain payment for services we provide to you.
- Healthcare Operations – i.e. disclosing PHI for quality assessment and improvement activities, reviewing the competence or qualification of healthcare professionals, conducting training programs, credentialing activities, etc.

Heresi Dental Care, will, when required under specific circumstances, use or disclose PHI without the patient's written authorization when:

- Required by Law – i.e. disclosing PHI to a correctional institution or law enforcement official
- Apparent Abuse or Neglect – i.e. disclosing PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- National Security - i.e. disclosing PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities and disclosing PHI of Armed Forces personnel to military authorities.

Without written authorization, Heresi Dental Care, will not use or disclose your health information for any reason except those described in this Notice.

- If authorization is given, you may revoke it in writing at any time.
- We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.
- We may use or disclose PHI to notify, or assist in the notification of a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death.
- In the event of your incapacity or emergency circumstances, we will disclose PHI based on a determination using our professional judgment disclosing only PHI that is directly relevant to the person's involvement in your healthcare.
- We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, supplies, or x-rays.
- We will not use your health information for marketing communications without your written authorization.
- We may use or disclose your PHI to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

The patient has the right to:

- Inspect and Copy Records.
- Request to Amend Records. (Heresi Dental Care, may deny your request under certain circumstances.)
- Request Alternative Communication. You may determine where and when you would like to be contacted.
- Request Restrictions. You may place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency).
- Receive an Accounting of Disclosures. You may receive list of instances in which Heresi Dental Care, or our business associates disclosed PHI for purposes, other than treatment, payment, and healthcare operations.

Any request must be made in writing and submitted to the Privacy Officer. The privacy officer will give the patient the correct form(s) to be completed. The forms will be filed in the patient's chart.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information, you may complain to us using the following contact information. You also may submit a written complaint to the U.S. Department of Health and Human Services. 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.

**Heresi Dental Care, 2501 Falls Hill Avenue, Suite A, Fredericksburg, VA 22401 (540) 371-6829**



**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

**Patient Information**

I, \_\_\_\_\_, acknowledge that I have been provided with  
*(Print: First and Last Name)*

Notice of Privacy Practices from Heresi Dental Care.

- It tells me how Heresi Dental Care will use my health information for the purposes of my treatment and payment for my treatment.
- The Notice explains in more detail how Heresi Dental Care may use and share my health information for other than treatment, payment, and health care operations.
- Heresi Dental Care will also use and share my health information as required/permitted by law.

\_\_\_\_\_  
Patient or Legal Representative Signature

\_\_\_\_\_  
Date