

**Orchid Dental Group**  
**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.**

Federal state and 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 April 14, 2003, 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, including health information we created or received before we made the changes. Before making a significant change in our privacy practices, we will change this notice and make the new notice upon request.

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

**USES AND DISCLOSURE OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment, and health care operations. For example:  
**Treatment:** We may use your health information for treatment or disclose it to the dentist, physician, or other health 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 provider or entity that is subject to the Federal Privacy Rules for its payment activities.

**Health Care Operations:** 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, evaluation practitioner and provider performance, conducting training programs, certification, licensing or credentialing activities. We may disclose your health information to another health care provider or organization that is subject to federal privacy rules and that has a relationship with you to support some of their health care operations. We may disclose your information to help these organizations conduct quality assessment and improvement activities, review the competence or qualifications of health care professionals, or detect or prevent health care fraud and abuse.

**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. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those describe in this notice.

**To Our 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 healthcare. Before we discuss your health information to the people, we will provide you with the opportunity to object to our use or disclosure. If you are present, or in the event of your incapacity of and emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest.

**Appointment Reminders:** We may disclose your basic information to provide you with appointment reminders (voicemail, postcards or letters).

**Disaster Relief:** we may disclose your health information to public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Public Benefit:** we may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit.

- As required by law;
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work related illness or injury;
- To report adult abuse, neglect, or domestic violence;
- To health oversight agencies;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on premises, reporting crimes in emergencies and for the purpose of identifying or locating a suspect or other person;
- To coroners, medical examiners or funeral directors;
- To military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- As authorized to state workers' compensation laws.

### **PATIENT RIGHTS**

**Access:** you may have the right to look at or get copies of your health information. If you request copies, we will charge you reasonable cost (based fee may include labor, copying costs, and postage).

**Disclosure Accounting:** you may have the right to receive a list of instances in which we or our business associates disclose your health information over past years (not before April 14, 2003). That list will not include disclosures for treatment, payment, health care operations, as authorized by you.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are required to agree on these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we make to request for additional must be in writing signed by a person authorized to make such an agreement on your behalf. Your request is not binding unless our agreement is in writing.

**Amendment:** You have the right to amend your health information. Your request must be in writing, and it must explain why we should amend the information.

If you feel your privacy rights or the provisions of this notice of privacy practices have been violated, you have the right to file a formal complaint. This complaint should be addresses to out privacy officer in this office, or directly to the department of Health and Human Services, Office of Civil Rights. We support your right to the privacy practices of your health information. You will not be retaliated against if you choose to file a complaint with us or with the Department of Human Health Services.

For more information about HIPAA  
Or to file a complaint, contact:

The US department of Health and Human Services  
Office of civil Rights  
200 Independence Ave., S.W.  
Washington, D.C. 20201  
(202) 619-0257  
(877) 696-6775

I \_\_\_\_\_ have read and understand the rules and regulations of the patients privacy rights given to me by the dentist.