

Hipaa Form

NOTICE OF PRIVACY PRACTICES

NORTH MERIDIAN DENTAL EXCELLENCE

NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS HIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

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. This Notice takes effect (07/01/09), 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. 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 we make a significant change in our privacy practices, we will change this Notice and make the new Notice available 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.

USE AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Authorization and Consent: In addition to our use of your health information for treatment, payment or healthcare operations, 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 use 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 described in this Notice.

Payment: We may use or disclose your health information to another dentist, physician or other healthcare provider providing treatment to you.

Payment: We may use or disclose your health information as necessary for payment purposes. During the normal business course of our business operations, we may forward information regarding your medical procedures and treatment to your insurance company to arrange for payment for the services provided to you. We may also use information to prepare a bill to send to you or to the person responsible for your payment.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Persons Involved in Care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information 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, medical supplies, x-rays, or other similar forms of health information.

Appointments and Services: We may contact you to provide appointment updates or information about your treatment or other health-related benefits and services that may be of interest to you. You have the right to request, and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or alternative locations. For example: if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. With such a request, you must provide an appropriate alternative address or method of contact. You also have the right to request that we not send you any future marketing materials and we will use our best efforts to honor such requests. You must make requests in writing, including your name and address, and send such writing to the Privacy Officer at the address below.

Business Associates: Aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times it may be necessary for us to provide your

ected health information to one or more of outside people or organizations who assist us with our health care operations. In all cases, we re these associations to appropriately safeguard the privacy of your information. **Marketing Health-Related Services:** We will not use health information for marketing communications without your written authorization. **Fundraising:** We may use your information to ct you for fundraising purposes. We may disclose this contact information to a related foundation so that the foundation may contact you milar purposes. If you do not want us or the foundation to contact you for fundraising efforts, you must send such a request in writing to racy Officer at the address below. **Research:** In limited circumstances, we may use and disclose your protected health information for rch purposes. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality rements applied by an Institutional Review Board which oversees that research or by representations of the researchers that limit their use disclosure of your information. **Required by Law:** We may use or disclose your health information when we are required to do so by law. **Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of e, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to a serious threat to your health or safety or the health or safety of others. **National Security:** We may disclose to military authorities the h information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information red for lawful intelligence, counterintelligence, and other national security activities. We may disclose to a correctional institution or law cement official having lawful custody of protected health information of an inmate or patient under certain circumstances.

RIGHTS THAT YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION

Access to Your Protected Health Information: You have the right to copy and/or inspect a lot of the protected health information that we have on your behalf. For protected health information that we maintain in any electronic designated record set, you may request a copy of such health information in a reasonable electronic format, if readily producible. Requests for access must be made in writing and signed by you or legal representative. You may obtain a "Patient's Access to Health Information Form" form from the front office person. You will be charged a reasonable copying fee and actual postage and supply costs for your protected health information. If you request additional **copies, you will be charged a fee for copying and postage.**

Amendments to Your Protected Health Information: You have the right to request in writing that protected health information that we maintain about you be amended or corrected. We are not obliged to make the requested amendments, but we will give each request careful consideration. All amendment requests must be in writing, signed by you or legal representative, and must state the reasons for the amendment/correction request. If an amendment or correction request is made, we may notify others who work with us if we believe that such notification is necessary. You may obtain an "Amendment Request Form" from the front office person or individual responsible for dental records.

Restrictions on Use and Disclosures of Your Protected Health Information: You have the right to request restrictions on use and disclosures of your protected health information for treatment, payment or healthcare operations. We are not required to agree to most restrictions requests but will attempt to accommodate reasonable requests when appropriate. You do, however, have the right to restrict disclosure of your protected health information to a health plan. If the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and the protected health information pertains solely to a healthcare item or services of which you, or someone other than the health plan on your behalf, has paid NORTH MERIDIAN DENTAL EXCELLENCE in full. If we agree to any discretionary restrictions, we reserve the right to remove such restrictions as appropriate. We will notify you if we remove a restriction imposed in accordance with this paragraph. You have the right to withdraw, in writing or orally, any restriction by communicating your desire to do so to the individual responsible for dental records.

Right to Notice of Breach: We take very seriously the confidentiality of your patient's information, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event of a breach occurring involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.

Right to a Copy of this Notice: You have the right, even if you have agreed to receive notices electronically, to obtain a paper copy of this Notice. To obtain a copy, please submit a request to the Privacy Office at the address below.

Accounting for Disclosure: 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. 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 these individual requests.

NOTICE OF RIGHTS 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 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 using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address for your complaint with the U.S. Department of Health and Human Services upon request.

To 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.

Contact Officer: Gwen

Telephone: 317-571-5000 Fax: 317-571-5010

Email: gwen.nmde@gmail.com

Address: 8902 N. Meridian, Suite 102; Indianapolis, IN 46260

Acknowledged practice privacy practices?

First Name - Patient *

Last Name - Patient *

Relationship to Patient:

Print name

Signature

Clear