

Notice of Privacy Practices

POLICIES & PROCEDURES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health providers keep your medical and dental information private. You may request a copy of our Notice at any time.

I understand that as part of my healthcare, the office of **Dr. Chase Carlson DMD (South Lake Family Dentistry)** originates and maintains health records describing my health history, symptoms, examination, test results, diagnoses, treatment and any plans for future care or treatment.

I understand that

- This information is a basis for planning care and treatment
- You have the right to request that we place additional restrictions on our use or disclosure of your health information. We will keep your information confidential from your health plans if you pay cash, at your request. In some instances, we may not be required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
- We may use or disclose your health information when required to do so by law.
- Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, text messages, emails, or letters.
- We may use or disclose your health information to obtain payment for services we provide to you. Upon your written request we are able to keep your information confidential from your health plans.
- We may use or disclose your health information to all of our staff members, other dentists, your physicians, pharmacies and/or other health care providers taking care of you.
- National Security: When required, we may disclose military personnel health information to the Armed Forces. Information may be given to authorized federal offices when required

for intelligence and national security activities. Health information for inmates in custody of law enforcement may be provided to correctional institutes.

- Abuse or Neglect: If abuse or neglect is reasonably suspected, we may use or disclose your health information to the appropriate governmental authorities.
- Public Health Activities: We may use or disclose your health information for public health activities, to include the following: to prevent or control disease, injury, or disability: to report reactions with medications or problems with products, to notify people of recalls of products they may be using to notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition, to notify the proper government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence (when required by law).
- Breach Notification: We will notify you any time your PHI may have been compromised through unauthorized acquisition, use or disclosure.
- Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, text messages, emails, postcards, or letters.
- Business Associates: Some services in our organization are provided through contacts with business associates. Examples include practice management software representatives, accountants, answering service personnel, etc. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. All of our business associates are required to safeguard your information and to follow HIPAA Privacy Rules.
- We will not use your health information for marketing or fundraising purposes without your written consent. We will not sell your health information to anyone without consent to do so.

Substance Use Disorder (SUD) Records: The confidentiality of substance use disorder patient records is protected by strict federal law and regulations (42 CFR Part 2). Generally, we may not disclose any information identifying a patient as having a substance use disorder unless:

- The patient consents in writing;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency.

Information related to substance use disorder treatment cannot be used to criminally investigate or prosecute a patient.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies. If you request X-Rays, there will be a fee for any copies of films. You are not entitled to originals, only copies. Postage will be added if copies are to be mailed. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Details of all fees are available from the HIPAA Coordinator.

Accounting of Disclosures: 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. 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 additional requests.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and must explain the reason for the amendment) We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you want more information about our Privacy Policy or have questions or concerns, please contact us. If you have concerns relating to a perceived violation of your privacy rights, to access to your health information, to amending or restricting the use or disclosure of your health information, or to requesting alternative means of communication, you may contact us using the contact information listed at the end of this Notice. You also may submit a written complaint to the Department of Health and Human Services (HHS). We will provide you with the HHS address upon request.

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 HHS.

Notice: The following email addresses office@slfdentistry.com or slfd98258@gmail.com are not secured by encryption.

If you are concerned about sending information through an unsecure Email, please call our office.