

DAY & NIGHT FAMILY DENTAL

HIPAA PRIVACY PROCEDURES

As a dental clinic we are required by federal and state law to maintain the privacy of our patient's health information. We are required to notify you of our HIPAA Privacy Procedures and patient privacy practices when you visit our clinic. We provide this notice to educate and inform our patients and as a constant reminder to our staff regarding compliance with this policy.

You have a right to request a copy of this HIPAA notice and our privacy practices at any time. We reserve the right to change our privacy practices at any time if such changes are permitted or required by law.

DISCLOSURES AND USE OF HEALTH INFORMATION

Following statements describe how we handle, use and protect your health information:

- We may provide your health information to a medical (or dental) professional who is providing treatment for you.
- You may give us your written authorization to use your health information and may rescind such authorization in writing if you so decide.
- Without your written authorization, we shall not use or disclose any information for any reason except to those persons or entities described in this notice.
- We may use your health information only in connection with our dental procedures.
- We may disclose your health information to a family member, or any other person you designate.
- We may use or disclose health information to assist in the notification of a family member or the representative responsible for your care in case of illness or injury.
- In the event of an emergency, we will use our best judgment to disclose the minimum amount of information necessary to render emergency care.
- We may disclose your health information to authorities if we reasonably believe you are a possible victim of abuse, neglect, domestic violence or other crimes.
- We may call your home and confirm the appointment. We will not leave any details of this appointment other than date and time.
- We will not discuss your medical information in front of other patients.
- We may use and disclose your health information to a third party payer such as an insurance company or government agency to obtain payment for services we provide to you.

- We will not allow unauthorized persons to view your name, patient registration information, medical history or medical records.
- We will require a executed consent form prior to transferring your records to another practitioner.

YOUR RIGHTS

- You have the right to view or receive copies of your health information but we are required to retain your original chart and patient information. There is a nominal fee for duplication of records.
- You may request statement of services provided and the fees charged.
- Parent(s) or legal guardian(s) have the right to update or request a copy of their child's record.

NOTE TO CLINIC EMPLOYEES

Violators of HIPAA Privacy procedures will be appropriately disciplined.

PATIENT COMMUNICATION:

If you have any questions or comments regarding this document, our HIPPA protocols or how your information is treated, disclosed, controlled or if you wish to exercise your rights under this policy, please communicate directly with our Director of Business Operations listed below. All inquires will be held in the strictest confidence.

PATIENT COMPLAINTS

You have the right to inquire or protest if you feel your health records or other confidential information was not handled properly. Please direct inquires or complaints via telephone or email to the Conatct Officer listed below. All inquires and complaints will be kept in the strictest confidence.

You are also free to submit a complaint to the U.S. Department of Health and Human Services.

We support your right to privacy and will not retaliate if you choose to file a complaint.

Contact Officer:

Director of Business Operations

Jasminka Jelic

910-354-2699

Email: jjelic@dayandnightdental.com