

## Privacy Notice to Patients

Revised January 1, 2015

This notice describes how medical/dental information about you may be used and disclosed by Pediatric Dental Specialists, P.C. and how you can get access to this information. Please read it carefully. **For all purposes, the term "you" or "your" in our Privacy Notice refers to you and any minor under your care/guardianship.**

Under the HIPAA Privacy regulations, Pediatric Dental Specialists (PDS) and all similar health care providers are required by federal law to maintain the privacy of your protected health information (PHI) and will abide by the terms in this Privacy Notice.

Please be advised that Pediatric Dental Specialists may use your PHI in rendering **treatment** to you. For example, we are permitted to use your PHI in providing you with care/treatment when you visit our office or when we treat you in a hospital facility. Under federal law, we may disclose our PHI to you or we can disclose your PHI to third parties for treatment. For example, if we refer you to a specialist we will forward your medical information to such specialist or other health care professionals involved in your care.

We can disclose your PHI for **payment** purposes. For example, we will disclose your PHI to your insurance provider, employer, Medicaid or other party responsible for providing you with health/dental insurance coverage. If you wish for PDS not to disclose your PHI to such parties, PDS will honor this said request with the understanding and written contract of your intent to post full payment without third party (insurance, employer) contribution.

We will also use or disclose your PHI for **health care operations**. We may use and disclose health information about you in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development. We may also disclose your PHI when required by the Secretary of The US Department of Health & Human Services.

We may use or disclose your health information when contacting you to remind you of a dental **appointments**. We may contact you by using a postcard, letter, phone call, voice message, text or email. We may use and disclose your health information to tell you about **treatment options** or alternatives or health-related benefits and services that may be of interest to you.

We may disclose your protected health information to our third-party service providers (called, "**business associates**") that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use a business associate to assist us in maintaining our practice management software. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Please be advised that you have the right to request restrictions on certain use and disclosures of your PHI to carry out treatment, payment, or healthcare operations or disclosures by PDS of your PHI to a family member, relative, or a close personal friend. However, we are not required by federal law to agree to your requested restriction.

Unless disclosure is required under federal law, state law, or certain other exceptions, including law enforcement, we are prohibited from disclosing your PHI without your authorization. PDS and similar healthcare providers are prohibited from selling or using your personal information for financial gain or marketing. If an event arises where there could be a financial conflict of interest, you, the patient will be informed.

Under certain circumstances, our practice may use or disclose your PHI in accordance with the specific requirements of the HIPAA rules without PDS needing to obtain your authorization. These circumstances include:

1. When required by law
2. When required for public health purposes
3. When required disclosures about victims of abuse, neglect or domestic violence
4. When required by a health oversight agency for oversight activities authorized by law
5. When required in the course of any judicial or administrative proceeding
6. When required for a law enforcement purpose to a law enforcement official
7. When required by a coroner or medical examiner
8. When required by an organ procurement organization for research
9. If disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public
10. Workers Compensation laws or similar programs

Additionally, if you are a member of the armed forces, we are permitted to disclose your PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate mission.

In the event our practice wishes to disclose your PHI to another entity for reasons other than treatment, payment, practice operations, or those referenced above, we are required to obtain your authorization. For example, if we desired to participate in an outside research study, we would need your written authorization prior to releasing your PHI. If you provide us with an authorization, you have the ability to revoke such authorization at any time by sending PDS a written revocation. However, if we have already released such information pursuant to your prior authorization, the revocation will be effective for all future disclosures. Please also be advised that in the event of any breaches of information, you will be notified of such said breach in a timely manner.

Please be further advised that you have the ability to access, copy, inspect, and amend your medical information that we maintain. You may be subjected to a fee for copy costs for staff involvement. PDS uses electronic health records, and if desired you are entitled to an electronic copy of your records when possible; you can also request that your records be sent to an alternative location. Additionally, if you desire, we can provide you with an accounting of all disclosures for treatment, payment, or healthcare operations pursuant to authorization.

If you have a dispute with our practice regarding our use of your PHI or a disclosure by PDS and believe that your primary rights have been violated, please contact our office administrator to file a dispute at 706-863-7351, [info@pdssmiles.com](mailto:info@pdssmiles.com), or 495 Fury's Ferry Road, Martinez, Ga. 30907. You may alternatively contact the Secretary of Health and Human Services.

PDS reserves the right to amend this notice. Revised notices will be posted and be provided to you upon your visit. If you have any questions, please call our office at (706) 863-7351.