

**Clearcreek Dental Associates**  
***Gregory A. McDonald, D.D.S.***

**NOTICE OF PRIVACY ACT**

**\*THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**\*PLEASE REVIEW CAREFULLY\***

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your dental and health information and what rights you have regarding it.

**TREATMENT, PAYMENT, AND HEALTH/DENTAL CARE OPERATIONS**

The most common reason why we use or disclose your health/dental information is for treatment, payment or health/dental care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; examining your teeth; prescribing medications and emailing or faxing them to be filled; referring you to another dentist or clinic for other dental care services (if we cannot provide them here); or getting copies of your dental/health information from another professional that you may have seen before us. Examples of how we use or disclose your dental/health information for payment purposes are: asking you about your dental/health care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our dental office. Examples of how we use or disclose your dental/health information for dental care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage for our records. We routinely use your dental/health information inside our office for these purposes without any special permission. If we need to disclose your dental/health information outside of our office for these reasons you will be notified.

**USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may NEVER come up at our office at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices;
- Disclosure to governmental authorities on victims of suspected abuse, neglect or domestic violence;
- Disclosures for judicial and administrative proceedings, such as to provide information about someone who is or is suspected to be a victim or a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- Uses or disclosure for health related research;
- Uses or disclosure for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the Foreign Service;
- Disclosures of de-identified information;
- Disclosure relating to workers' compensation programs;
- Disclosures of a "limited data set" for research, public health, or health care operations;
- Incidental disclosure that are an unavoidable by-product of permitted uses and disclosures;

- Disclosures to “Business Associates” who perform health care operations for us and who commit to respect the privacy of your health information.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your dental care.

### **APPOINTMENT REMINDERS**

We may call, text or email you of scheduled appointments, or that it is time to make a routine appointment. We may also call, text or email you to notify you of other treatments or services available at our office, and/or leave you a reminder message at your home, cell or work.

### **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosure of your health information unless you sign a written “authorization form”. The content of an “authorization form” is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it’s your idea for us to send your information to someone else. Typically, in this situation, you will give us a properly completed authorization form, or record release form, which is signed. If you do not sign the authorization, we CANNOT make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named in the beginning of this notice.

### **YOUR RIGHTS REGARDING YOUR DENTAL/HEALTH INFORMATION**

The law gives you many rights regarding your dental/health information. You can:

- Ask us to restrict our uses and disclosure for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address, fax or email at the beginning of this notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at your home or cell, by mailing health information to a different address, or by using email to your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any additional costs. If you want to ask for confidential communications, send a written notice request to the office contact person at the address, fax or email shown at the beginning of the notice.
- Ask to see or to get photo copies of your dental information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your dental information within 30 days of asking us (or sixty days if the information is stored off-site). You may have to pay for photo copies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photo copies if we send you a written notice of the extension.
- Ask us to amend your dental information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your dental information along with any rebuttal statement that we may write. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your dental information, send a written request, including your reasons for the amendment, to the office contact person at the address, fax or email shown at the beginning of this notice.
- Get a list of the disclosure that we have made of your dental information within the past six years (or a shorter period if you wish). By law, the list will not include; disclosures for purposes of treatment, payment or dental/health care operations; disclosure with your authorization; incidental one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time as long as we notify you of the extension in writing.

- Get additional paper copies of the Notice of Privacy Act upon request. It does not matter whether you got one electronically or in paper form previously. If you want additional paper copies, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.

### **OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this notice, the new Privacy Practice will apply to your dental information that we have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, and have copies available in our office, and post it on our website.

### **COMPLAINTS**

If you think that we have not properly respected your privacy of your dental/health information, you are free to complain to us or the U.S. Department of Health and Human Services, or Office of Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or email shown in the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone.

### **FOR MORE INFORMATION**

If you want more information about our Privacy Practices, call or visit the office contact person at the address or phone number shown at the beginning of this notice.