



CENTER for DENTAL
ANESTHESIA

PRIVACY NOTICE

The Department of Health and Human Services, Office of Civil Rights, under the Public Law 104-191, (**The Health Insurance Portability and Accountability Act of 1996 (HIPPA)**), mandated that we issue this privacy notice to our patients. This notice meets all current requirements as it relates to **Standards for Privacy of Individually Identifiable Health Information (IIHI)**; affecting our patients. You are urged to read this notice. Every patient must receive a copy of our Privacy Notice and execute a new Consent Agreement before this office may use your information for treatment, payment, or other health care operations.

Our Privacy Notice informs you of our use and disclosure of your **Protected Health Information (PHI)**, defined as: “Any information, whether oral or recorded in any medium, that is either created or received by a health care provider, health plan, public health authority, employer, life insurance company, school or university or clearinghouse and that relates to the past present or future physical or mental health or condition of an individual, the provision of health care to an individual”.

Our office will use or disclose you PHI for purpose of treatment, payment and other health care purpose as required to provide you the best quality healthcare service that we offer to the extend permitted by your Consent Agreement or in such specific situations by your signed and dated Authorization. It is our policy to control access to your PHI: and even in cases where access is permitted, we exercise a “minimum necessary information” restriction to that access. We define the minimum necessary information as the minimum necessary to accomplish the intent of the request.

An Authorization differs from a Consent Agreement in that it is very specific with regard to the information allowed to be disclosed or used, the individual or entity to which the information may be disclosed to, the intent for which it may be disclosed, and the date that it was initiated which may include the duration of the authorization. This is a form, separate from the Consent Agreement, and usually used only for one specific instructions regarding and existing Authorization or Consent agreement. Any revocation will not apply to information already used or disclosed.

If you had a “Personal representative” initiate as Authorization you may revoke that authorization at any time.

You, the patient have access to your health care information and may request to examine your information, may request copies of your information, and under the law you may request amendments to you information. The dentist or professional will exercise professional judgment with regard to requests for amendments and is not bound by law to make any changes to the information. If the dentist or professional agrees with the request to amend the information, we are bound by law to abide by the changes.

In limited circumstances, the Privacy Standard permits, but does not require, covered entities to continue certain existing disclosures of health information without individual authorization for public responsibilities.

These permitted disclosures include emergency circumstances, identification of the body of a deceased person, or to assist in determining the cause of death; public health needs; research generally limited to when a waiver of authorization is independently approved by a privacy board or Institutional Review Board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. There are specific state laws that require the disclosure of health care information related to Hepatitis C, and AIDS. When the state laws are more stringent than HIPPA Privacy Standard, the state laws will prevail.

All of these disclosures could occur previously under former laws and regulations, however, the Privacy Standard establishes new safeguards and limits. If there is no other law requiring that your information be disclosed, we will use our professional judgments to decide whether to disclose any information, reflecting our own policies and ethical principals.

On some occasions we may furnish you PHI to a third party. This could be an insurance company for the purpose of payment or another health care provider for further treatment or additional services. Although we will institute a "Chain of trust" contract and monitor our business associates contract with us, we cannot absolutely guarantee that they will not use or disclose your PHI in such a way as to violate the Privacy Standard.

Although the law requires a signed and dated Privacy Notice this office does not demand that you sign this agreement as a condition of receiving care. It is the law that your rights are communicated in this manner.

It is our practice to retain information about non-healthcare related requests for your health care information for a period of ten years.

In complying with the Privacy Standard, we have appointed a Privacy Officer, trained our Privacy Officer and staff in the law, and implemented policies to protect you PHI. We have instituted privacy and security processes to guard and protect your PHI. This office continues to monitor and improve steps for the protection of your information and to remain in compliance with the law.