

NOTICE OF PRIVACY PRACTICES

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*THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED;
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*
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The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records & other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you new rights to understand & control how your health information is used. HIPAA provides penalties for entities that misuse personal health information. **We are required by law to maintain the privacy of your protected health information** and to provide you with notice of our legal duties & privacy practices with respect to protected health information. As required by HIPAA, we have prepared this explanation of how we are required by this law to maintain the privacy of your health information, and how we may use & disclose your health information.

Without your specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment, and health care operations. For example:

- Treatment** means providing and/or coordinating health care and related services. We may use or disclose your health information to a physician or other healthcare provider involved in your care.
- Payment** means obtaining payment for services we provide to you. This may include confirming insurance coverage, and billing or collection activities.
- Health care operations** include the business aspects of running our dental practice. For example, patient information may be used for training purposes, quality assessment, certification or licensing activities.

Unless you request otherwise, we may use or disclose health information to a family member, friend, or other individual to the extent necessary to help with your health care or payment for your health care. In the event of an emergency or your incapacity, we will use our professional judgment in disclosing only the protected information necessary to facilitate needed care. We will also use our professional judgment to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies, x-rays, or other similar forms of health information. In addition, we may use your confidential information to remind you of appointments by sending postcards and/or leaving messages at home and/or work. We may also disclose your health information when we are required to do so by law, or when reporting suspected abuse, neglect, or domestic violence to appropriate officials. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor that written request, except to the extent that we have already taken actions relying on your prior authorization.

You have certain rights in regards to your protected health information, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below. These rights include:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, personal friends, or any other person identified by you. These requests must be made in writing. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request that we communicate with you about your health information by alternative means or at alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled by the alternative means or location you request. These requests must be in writing.
- The right to access, inspect, and copy your health information, with limited exceptions. These requests must be in writing. A form to request access can be obtained by contacting our office at the address listed at the bottom of this form. A reasonable fee may be assessed for copying the information.
- The right to request an amendment to your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.
- The right to receive an accounting of disclosures of protected health information made outside of treatment, payment, or health care operations
- The right to obtain a paper copy of this notice from us upon request, even if you have agreed to receive the notice electronically.

This notice is effective as of October 1, 2005, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against your for filing a complaint.

For more information about our Privacy Practices, please contact:

Michael B. Hill, DDS, PC
Yvonne Bennett, Privacy Officer
1951 West 4700 South, #4
Taylorsville, UT 84118
(801) 966-8921

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201
(877) 696-6775 (toll-free)