

## **PRIVACY POLICY NOTICE**

Gary M Holt D.D.S., P.C.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**Uses and Disclosures.** Our office must provide you, the patient, a description and at least one example of the types and uses and disclosures that our office is permitted to make for the purposes of treatment, payment and health care operations (all uses and disclosures, that are permitted by law without authorization by the patient).

**Treatment.** Our office will use and disclose your personal health information (PHI) for purposes of treatment, meaning the provision, coordination, and management of your health care and related services. For instance, we will use and disclose your health information to coordinate benefits from third-party payer, or consultation between our office and a specialist if required for your care.

**Payment.** Our office will use and disclose the minimum necessary amount of your PHI to obtain payment for services rendered. For example, our office may share your treatment plan with your insurer to determine the coverage allowed by your benefits plan.

**Required by Law.** Our office may use and disclose your PHI only to the extent that such is required by law.

**Reporting abuse, neglect, or domestic violence.** Our office may use and disclose the minimum necessary amount of your PHI only to the extent necessary to inform the appropriate government authority if we reasonably believe you to be the victim of abuse, neglect, or domestic violence.

**Judicial and administrative proceedings.** Our office may use and disclose the minimum necessary amount of your PHI in the course of any judicial or administrative proceedings if required by law to do so.

**Deceased patients.** Our office may use or disclose the minimum necessary amount of your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or another matter authorized by law, or to funeral directors to carry out their duties with respect to the deceased individual.

**Workers' compensation proceedings.** Our office may use or disclose the minimum amount of your PHI as authorized by and to the extent necessary to comply with laws related to workers' compensation or similar programs.

**Appointment reminders.** Our office may use and disclose the minimum amount of your PHI when contacting you to provide appointment reminders or information about treatment alternatives or other health-related benefits or services that may be of interest to you.

### **PATIENT'S RIGHTS**

**The Patient.** You have the right to inspect or obtain a copy of your PHI from our office. Our office requires that you submit such requests in writing. Our office must act on your request no later than 30 days after receipt of your request, unless your PHI is not maintained on site, in which case we must respond within 60 days of your request. Our office will charge you a cost-based fee for the provision of copies provided to you.

**Right to amend.** You have the right to request that our office amend your PHI. Our office, however may deny such a request if we determine that the PHI was not created by our office, is not part of the designated record set, or the current information is accurate and complete. Amendment requests must be made in writing. Our office must act on your request within 60 days of your written request.

**Dental Office Duties**

Our office is required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. Our office is required to abide by the term of the notice currently in effect. Our office reserves the right to change the terms of this notice and to make new notice provisions effective for all PHI we maintain.

**Complaints**

Patients may file a complaint with our office or with the U.S. Department of Health and Human Services if they believe their privacy rights have been violated. Complaints must be filed within 90 days of when you knew or should have known that the alleged violation occurred. To do so, request a complaint form from our privacy director. Please be informed that patients who file complaints will not be retaliated against for doing so.

**Effective Date; April 13,2003**

**Patient Acknowledgement**

I, \_\_\_\_\_, acknowledge that I received and reviewed the Office Privacy Notice for Gary M Holt D.D. S., P.C.

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_