

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. Please read carefully.

This notice is effective as of April 14, 2003

Use and Disclosure of Health Information

TREATMENT, PAYMENT AND HEALTHCARE OPERATION

Meadow Dental Center uses and discloses your protected health information for treatment and payment and healthcare operations. It is the general policy of Meadow Dental Center that protected health information will be used and disclosed only in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) privacy standards and all applicable state and federal laws, rules, and regulations. Some examples of when our office may use or disclose your health care information for these purposes include:

- *Sharing test results with other healthcare providers for confirmation of a diagnosis
- *Providing diagnosis or other information about your health with your insurance provider or our billing service to obtain payment for healthcare services we provide
- *Reviewing information as part of our quality assurance program

OTHER USES AND DISCLOSURES

Meadow Dental Center may also use or disclose your protected health information in compliance with guidelines outlined by law for the following purposes:

- *Providing you with information about your health
- *Contacting you regarding appointments, information about treatment alternatives, or other health related services
- *Incidental uses or disclosures (e.g. listing your name on a sign in sheet or discretely posted daily appointments etc.)
- *Compliance with the law (including reports of suspected abuse, neglect, or violence)
- *Providing certain specified information to law enforcement or medical examiner
- *Providing information to worker's compensation for work-related injury
- *Public health activities when requested by public health authority of the FDA
- *Responding to court orders, subpoenas, discovery requests or other lawful purposes
- *When necessary to avert a serious threat to health to health or safety
- *Providing information to military or veteran's affairs
- *Informing a family member, other relative or close personal friend when:
 - Information is relevant to the individual's involvement with your care
 - Notification of your location or general condition
 - To assist in your health care (e.g. picking up prescriptions, other documents, notes, follow up care instructions etc.)

AUTHORIZATION FOR OTHER USES

Meadow Dental Center will make other uses and disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing that you wish to revoke your authorization.

YOUR RIGHTS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law. You have certain rights related to use and disclosure of your protected health information including the right to:

- *Request restrictions on certain uses and disclosures; however Meadow Dental Center is not obligated to agree to requested restrictions.
- *Receive confidential communications of protected health information
- *Inspect and copy your protected health information with some limited exceptions
- *Amend your health information
- *Receive an accounting of disclosures of your health information
- *Obtain a copy of this notice

MEADOW DENTAL CENTER DUTIES REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, Meadow Dental Center has certain duties related to your protected health information including:

- *Meadow Dental Center is required to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information
- *Meadow Dental Center is required to abide by the terms of the privacy notice that is currently in effect
- *Meadow Dental Center reserves the right to change a privacy practice described in this notice and to make such change effective for all protected health information. Revised notice will be posted in our office and available upon request.

CONCERNS

If you feel your privacy rights have been violated, you may make a complaint by contacting us at (724)228-6684 or the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint.

ACKNOWLEDGEMENT

I acknowledge that I have received a copy of this notice regarding the uses and disclosure of my health information.

Sign _____
Relationship to patient if other than patient _____

Date _____