

**GLENN'S BAY DENTAL ASSOCIATES**  
**Dr. Capps, Dr. Cleary, Dr. Goldberg, and Dr. Obenchain**  
**843-650-5100 Privacy Officer**  
**NOTICE OF PRIVACY PRACTICES**

**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.**

The Health Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordination, or managing health care and related services by one or more health care providers for example we may use and disclose PHI when you need a prescription, lab work, x-ray or other health care services or referring to other health care providers.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would be an internal quality assessment review. Providing training programs for students, trainees, non-health care such as billing clerks etc. Cooperating with outside organizations that assess the quality of the care we and others provide ex. Joint Commission on Accreditation of Healthcare Organizations. Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty. Assisting various people who review our activities (by accountants, lawyers, and others who assist us in complying with applicable laws. Conducting business management and general administrative activities related to our organization and the services it provides. Resolving grievances, reviewing activities and using or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else. Complying with this Notice and with applicable laws. \_\_\_\_\_

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use and disclose PHI under other circumstances without your authorization or a chance to agree or object.

We may use and / or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and / or disclosure is required by law. For example, when a disclosure is required by federal state or local law or other judicial or administrative proceeding.
- When the use and / or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and / or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and / or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- When the use and / or disclosure relates to organ, eye or tissue donation purposes.
- When the use and / or disclosure relates to medical research. Under certain circumstances, we may disclose PHI about you for medical research.

- When the use and / or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- When the use and / or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and / or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

Revised September 23, 2013

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You can object to certain uses and disclosures.

Unless you object, we may use or disclose PHI about you in the following circumstances:

We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death. We may share with a public or private agency (ex American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call or write to **our Privacy Officer at 1625 Glenns Bay Rd Surfside Beach, SC 29575 843-650-5100.**

**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 and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by **presenting a written request to the Privacy Officer:**

- **Psychotherapy Notes.** We must receive your written authorization to disclose psychotherapy notes, except for certain treatment, payment or health care operations activities.
- **Marketing and Sale of PHI.** We must receive your written authorization in advance for any disclosure of PHI for marketing purposes or for any disclosure which is a sale of PHI.
- **The right to request restrictions on certain uses and disclosures of protected health information including those related to disclosures to family members, other relatives or any other person identified by you.** 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 reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.**
- **The right to inspect and copy your protected health information.**
- **The right to amend your protected health information.**
- **The right to receive an accounting of disclosures of protected health information. (Up to 6 yrs. not including prior to April 14, 2003).** We are required to provide a listing of all disclosures except the following:

For your treatment, for billing and collection of payment for your treatment, for health care operations, made to or requested by you, or that you authorized, Occurring as a byproduct of permitted uses and disclosures, made to individuals involved in your care, for directory or notification purposes, or for other purposes, allowed by law when the use and / or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations and as part of a limited set of information which does not contain certain information which would identify you. (The list will include the date of the disclosure, the name, of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by written request.

- The right to obtain a paper copy of this notice from us upon request.
- The right to receive notice of a breach. (We are required by law to notify affected individuals if we determine that there has been a breach of unsecured PHI.)

All above information must be requested in writing.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. Prior effective notice as April 14, 2003 this notice revised and effective September 23, 2013. 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. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, with the Dept. of Health & Human Services, or with the Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Privacy Officer 1625 Glens Bay Rd. Surfside Beach, SC 29575 843-650-5100 [glennsbaydentistry@sc.rr.com](mailto:glennsbaydentistry@sc.rr.com)