

Western Wake Family Dentistry

Dr. Daniel Moore
8755 Holly Springs Rd
Apex, NC 27539
(919) 267-3456

This notice is effective as of November, 2012
Privacy Officer: Office Manager

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.

Western Wake Family Dentistry is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our participants with notice of our legal duties and privacy procedures with respect to your protected health information.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We use and disclose medical information in many ways. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, nursing and medical students, or hospital personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for nutritional counseling. We also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and diagnostic testing. We also may disclose medical information about you to people who may be involved in your medical care such as family members, clergy, rehabilitation centers, etc.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at Western Wake Family Dentistry may be billed for and payment may be collected from you or on your behalf from an insurance company or a third party. For example, we may need to give your health plan information about testing that you received at our Practice so your health plan will pay us or reimburse you for those services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you for our Health Care Operations. These uses and disclosures are necessary to run our organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Western Wake Family Dentistry patients to decide what additional services our Practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, nursing and medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other similar organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Business Associates. We may contract with outside businesses to provide some services for us. For example, we may use the services of transcription or collection agencies. Under such contracts, we may share your medical information with them to do the job we have asked them to do. These contracts require businesses to protect the medical information we

share with them and to provide you with access to your medical information and a list of any of your medical information that they disclose.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Western Wake Family Dentistry.

Marketing Purposes. Subject to limited exceptions, uses and disclosures of your medical information for marketing purposes will require your written permission.

Psychotherapy Notes. Most uses and disclosures of your psychotherapy notes will require your written permission. Generally speaking, psychotherapy notes are notes that are made by a mental health professional documenting or analyzing the contents of his or her conversations with you during a counseling session and that are kept separate from the rest of your medical record.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. Individuals Involved in Your or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you have been seen in our office. In addition, we may disclose medical information about you to a friend or family member should an emergent situation arise while you are at our office.

Disclosure of your Health Care Information

Workers' Compensation. If applicable, we may disclose your health information as necessary to comply with state Workers' Compensation Laws.

Emergencies. We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Judicial and Administrative Proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Deceased Persons. We may disclose your health information to coroners or medical examiners.

Organ Donation & Research. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, or to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety. It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies. We may disclose your health information for military, national security, prisoner and government benefits purposes.

Change of Ownership. In the event that Western Wake Family Dentistry is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights.

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Western Wake Family Dentistry is not required to agree to the restriction that you requested. You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Western Wake Family Dentistry amend your protected health information. Please be advised, however, that Western Wake Family Dentistry is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Western Wake Family Dentistry.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.
- Right to Breach Notification- You have the right to be notified of any breach of your unsecured healthcare information.

Changes to this Notice of Privacy Practices.

Western Wake Family Dentistry reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Western Wake Family Dentistry is required by law to comply with this Notice.

Western Wake Family Dentistry is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: The Office Manager by calling the office at (919) 267-3456. If The Office Manager is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints.

Complaints about your Privacy Rights or how Western Wake Family Dentistry has handled your health information should be directed to The Office Manager by calling this office at (919) 267-3456. If The

Office Manager not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201