

Notice of Privacy Practices/HIPAA Information/HIPAA Consent

This is a notice of the privacy practices within the office of Smallwood Dental Solutions and describes how your personal health information (PHI) may be used and disclosed and how you may have access to this information. Effective April 14, 2003, the Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. We are required by law to follow our privacy practices and to maintain the privacy of your PHI. We are also required to give you a notice about our privacy practices.

We may use and disclose your health information for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare operations: We may use and disclose your information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating the practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To your family and friends: We may disclose your health information to a family member or a friend to help with your healthcare or with payment for your healthcare. You must put it in writing, and give specific names if you want to give consent for these individuals to have access to your PHI.

Required by law: We may use or disclose your information when we are required to do so by law or National Security activities.

Abuse or neglect: We may disclose your health information to appropriate authorities when we suspect abuse or neglect.

Marketing health-related services: We will NOT use your health information for outside marketing communications without your written authorization.

However, we will use your health information for our personal in office communications such as voicemail messages, text messages, e-mails, postcards, or letters.

This notice is subject to change in accordance with the law. If it is modified, you will be provided with an updated notice.

Patient Rights

Access: You have the right to look at or get copies of your health information with limited exceptions. If you request copies, we can charge you a reasonable fee to locate and copy your information, and may charge for postage if you want the copies mailed to you. You must sign a release form/make a request in writing if you want to obtain access to your information. A release form must also be signed if you are requesting that your records be transferred to another office.

Amendment: You have the right to amend your health information; however you must do so in writing. If you refuse to disclose this information, we have the right to refuse to treat you.

Should you have any questions or concerns please contact us. You may also contact the Department of Health and Human Services for further information.