



## Notice of Privacy Practices

This notice describes how medical information about your child may be used and disclosed, and how you can get access to this information. We are required by law to provide you with this notice of our privacy practices. PLEASE REVIEW IT CAREFULLY.

**Palouse Pediatric Dentistry (PPD) maintains a record of the dental services we provide to your child.** This includes symptoms, our findings, test results, diagnoses, and treatment provided, as well as health information from other providers and billing and payment information related to these services. Federal and state laws allow us to use this information to provide care for your child while also requiring us to protect the privacy of their information.

**We respect you and your child's privacy.** We understand that your child's personal health information is very sensitive. **We will never disclose you or your child's health information to others unless you tell us to do so, or the law authorizes or requires us to do so.**

### How Your Child's Health Information is Used

#### **I. For Treatment:**

- Information will be used to help decide what care may be right for your child.
- This information may be shared with other health care providers who are caring for your child.

#### **II. For Payment:**

- Diagnoses, procedures performed, or recommended care may be provided to your dental insurance plan so that we may receive payment from them.
- You may opt to restrict the disclosure of your child's personal health information to your dental insurance company/companies. We will gladly respect your wishes in this regard: However, this will require that you pay entirely out-of-pocket at the time of service.

#### **III. For Health-Care Operations:**

- Information may be used to assess and improve the quality of care we provide.
- We may contact you to remind you about upcoming appointments.
- Information may be used to conduct or arrange for services, including:
  - Quality review by your health plan
  - Accounting, legal, risk management, and insurance services
  - Audit functions, including fraud and abuse detection and compliance programs

### Your Health Information Rights

The health and billing records we create and store are the property of PPD. The protected health information in it, however, generally belongs to you.

You have a right to:

- Receive, read, and ask questions about this Notice, as well as obtain a copy of this notice for your records
- See and obtain a copy of your child's protected health information. You may request that this information; be provided to you in written or electronic format. Please make this request in writing.
- Ask us to change your child's health information. Please make this request in writing.
- Receive a list of disclosures of your child's health information (excluding disclosures to third-party payers)
- Cancel prior authorizations to use or disclose health information. Again, please provide this request in writing
- Ask us to restrict certain uses and disclosures of your child's health information. You must deliver such a request in writing to us. Though we are not required to grant your request, if we are able and do grant it, we will comply with your wishes.

## Our Responsibilities

We are required to:

- Keep your child's protected health information private
- Give you this notice
- Follow the terms laid out in this notice

We may change our practices regarding the protected health information we maintain. If we make changes, we will update this notice. You may receive the most recent copy of this notice by calling and asking for it or by visiting our office to pick one up.

## To Ask for Help or Make a Complaint

If you have questions, want more information, or want to report a problem about the handling of your child's protected health information, you may contact the Practice Administrator during regular business hours. You may also deliver a written complaint to the Practice Administrator. You may also file a complaint with the U.S. Secretary of Health and Human Services. If you file a complaint, we will not retaliate against you in any way.

## Other Disclosures and Uses of Protected Health Information

### **I. Notification to Family and Others**

- We will only release your child's health information directly to a legal guardian.
- We may also give information to someone who helps pay for your child's care.
- We may release health information about your child to a friend or family member, but only at your request or with your approval.
- In the unlikely event of an emergency where it is necessary for us to inform your family of your child's location and general well being. The person contacted will be, if at all possible, the individual you designate to contact in case of emergency.

If you are not comfortable with and do not agree with any of these policies and practices regarding your child's health information privacy, please inform us and we will do our best to follow your wishes.

### **II. Other situations where your child's health information may be used without your authorization:**

- To an Outpatient Facility:** Relating to provision of anesthesia services for surgical procedures
- To the Food and Drug Administration:** Relating to problems with regulated products
- To Comply with Workers' Compensation Laws**
- For Public Health and Safety Purposes as Allowed or Required by Law,** to prevent or reduce a serious threat to the health or safety of a person or the general public.
- To Report Suspected Abuse or Neglect** to public authorities
- For Law Enforcement Purposes** such as when we receive a subpoena, court order, or other legal process, or you or your child are victims of a crime.
- For Health and Safety Oversight Activities:** For example, we may share health information with the Department of Health.
- For Work-Related Conditions that Could Affect Employee Health:** For example, an employer may ask us to assess health risks on a job site.
- To the Military Authorities of U.S. and Foreign Military Personnel** if you or another parent/guardian are enlisted.
- In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- For Specialized Government Functions.** For example, we may share information for national security purposes.
- In the event of the patient's death** we may disclose relevant protected healthcare information of the deceased patient to a family member, friend, or representative, if that family member, friend, or person had been involved in the patient's care or payment before death, unless disclosure would be inconsistent with the patient's express wishes to the practice.

**III. Other Uses and Disclosures of Protected Health Information will be made only as allowed or required by law or with your written authorization. This includes, but is not limited to:**

- **The transfer of your child's records to a doctor who did not refer you to PPD, or you were not referred to by PPD.** For example, if you move from the area, and see a new doctor, a signed release is required in order for PPD to release your records to that doctor.

-**The transfer of your child's records in the course of judicial/administrative proceedings** at your request or as directed by a subpoena or court order.

Should there be a security breach that potentially affects patient privacy and protected health information, we are required to:

- Notify patients
- Take steps to mitigate the damage
- Notify the Department of Health and Human Services (HHS)

We have a web site that provides information about us. For your benefit, this notice is on the website at this address:  
<http://www.palousepediatricdentistry.com/office.htm>

**This Notice Effective 13 March 2014**