

## HIPAA PRIVACY NOTICE for Comprehensive Dental Care LLC

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice of Privacy Practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice and while it is in effect. This Notice takes effect on January 1, 2018 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

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

Treatment: We may use and disclose your health information to a physician, dentist or 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 health information in connection with our healthcare operations. Healthcare operations may include but are not limited to quality assessment, improvement activities, reviewing competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, education, accreditation, certification, licensing or credentialing activities.

Your Authorization: You may give us written authorization to use your health information or to 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 you for authorization while it was in effect. All revocations must be sent by certified mail to Judy Hendrickson at the practice location.

To Your Family and Friends: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment of your health care.

Persons Involved In Care: We may use or disclose your health information to a family member, your personal representative or people responsible for your care in order to provide dental services.

Marketing: We may send you via email, text message, telephone, cell phone or mail, information regarding services or products that pertain to Comprehensive Dental Care LLC. We may send you correspondence such as birthday cards, holiday cards or cards for special occasions. We may use photos of your teeth/lips for educational or marketing purposes.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a victim of abuse, neglect, or domestic violence or other crimes.

National Security: We may disclose your health information to government officials or agencies as required by law.

Appointment Reminders: We may send you appointment reminders via mail, text message, email, cell phone, fax, or mail. We may leave a message regarding your appointment.

### **PATIENT RIGHTS**

Access: You have a right to your health information. Request for any copies of your health information must be done in writing.

Reasonable requests for health care information will be fulfilled at no charge.

Disclosure Rights: You have a right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment or health care operations. Requests must be in writing.

Restriction: You have the right to request that we put restrictions on our use or disclosure of your health information. Requests must be made in writing. We are not required to abide by these restrictions but will fulfill reasonable requests to the best of our ability.

Alternative Communications: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Requests must specify means and locations and must be in writing.

Amendment: You have a right to request that we amend your health information. Your request must be made in writing. We may deny your request.

Electronic Notice: If you receive this Notice via web or email, you are entitled to receive this Notice in written form.

### **QUESTIONS AND COMPLAINTS**

If you want more information or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint to the US Department of Health and Human Services. ***We support your right to the privacy of your health information.*** Any written requests can be sent to the following person:

Judy Hendrickson Phone: 702-735-3284  
2790 W. Horizon Ridge Pkwy. #100, Henderson, NV 89052

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print and sign.