

Smile Associates

22 Park Street
Canton, NY 13617
(315) 386-3886

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU, AS A PATIENT UTILIZING THE SERVICES OF THIS PRACTICE, MAY BE USED AND DISCLOSED AND HOW TO ACCESS YOUR HEALTH INFORMATION.

The terms of this notice apply to all records containing your protected health information (PHI) that are created or retained by Smile Associates. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times and you may request a copy of our most current Notice at any time.

A. OUR COMMITMENT TO YOUR PRIVACY

Smile Associates is dedicated to maintaining the privacy of your PHI. In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time of your care.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI

B. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING WAYS:

1. **Treatment.** Our practice may use your PHI to treat you. Many of the people who work for Smile Associates – including, but not limited to, our doctors, hygienists, clerical staff and technicians – may use or disclose your PHI in order to assist others in your treatment. Additionally, we may disclose your PHI to others who may participate in your care, such as dental specialists or pharmacists.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you receive from us. For example, we may contact your dental insurer to certify that you are eligible for benefits (and for range of benefits). We may also use your PHI to bill you directly for services.
3. **Health Care Operations.** Smile Associates may use and disclose your PHI to operate our business. For example, our practice may use your PHI to evaluate the quality of care you received from us or to conduct cost-management and business planning activities.
4. **Appointment Reminders.** Our practice may use and disclose your PHI to contact you and confirm a scheduled appointment at home or at your workplace; either by a phone call, messages left with co-workers/family members, answering machines, or voice mail.
5. **Release of Information to Family/Friends.** Our practice may release your PHI to a friend/family member that is involved in your care or who assists in taking care of you.
6. **Disclosures Required by Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local authorities.

C. USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your PHI:

1. **Public Health Risks.** Smile Associates may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintenance of vital records; such as births and deaths
 - Mandatory reporting; such as child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notification of a person regarding potential exposure to a communicable disease
 - Notification of a person regarding a potential risk for spreading or contracting a disease or condition
 - Notification of your employer under limited circumstances related primarily to workplace injury/illness/medical surveillance.
2. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigation, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Smile Associates may use and disclose your PHI in response to a court order or administrative order, if you are involved in a lawsuit or similar proceedings. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute.
4. **Law Enforcement.** We may release your PHI if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - To report a crime (including the location of victim of the crime or the description, identity or location of the perpetrator)
5. **Deceased Patients.** Smile Associates may release your PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. **Serious Threats to Health or Safety.** Smile Associates may use and disclose your PHI when necessary to reduce or prevent a serious threat to the health and safety of you, another individual, or the public.
7. **National Security.** Smile Associates may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
8. **Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure would be necessary for these purposes:
 - For the institution to provide health care services to you
 - For the safety and security of the institution
 - To protect your health and safety or the health and safety of other individuals
9. **Worker's Compensation.** Smile Associates may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOU PROTECTED HEALTH INFORMATION

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make you request in writing. Your request must describe in a clear and concise fashion:
 - The information you wish restricted
 - Whether you are requesting to limit our use, disclosure or both
 - To whom you want the limits to apply
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing in order to inspect and/or obtain a copy of your PHI. Smile Associates may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
4. **Amendment.** You may ask us to amend your health information if you believe that it is incorrect or incomplete, and you may request an amendment for as long as Smile Associates maintains the information. When requesting an amendment it must be made in writing. You must provide us with a reason that supports your request for amendment. Smile Associates will deny your request if your fail to submit your request (and the reason for your request) in writing. Also, we may deny your request if you ask us to amend information that is, in our opinion:
 - Accurate and Complete
 - Not part of the PHI kept by or for the practice
 - Not part of the PHI which you would be permitted to inspect and copy
 - Not created by our practice, unless the individual or entity that created the PHI is not available to amend the information
5. **Accounting of Disclosures.** All patients utilizing our services have the right to request an "accounting of disclosures". This is a list of **non-routine** disclosures our practice had made of your PHI for non-treatment or operations purposes. To obtain an accounting of disclosures, you must submit your request in writing. Requests for an "accounting of disclosures" must state a time period no longer than six years from the date of disclosure and may not include dates before April 14, 2003.
6. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with Smile Associates or with the secretary of the department of health and human services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
7. **Right to Provide an Authorization for Other Uses and Disclosures.** Smile Associates will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE PLEASE CONTACT US AT (315) 386-3886.

As a patient receiving treatment from Smile Associates, I agree with the following statements:

- I have received a copy of the Notice of Privacy Practices regarding my Person Health Information (PHI), as mandated by the Health Insurance Privacy Protection Act (HIPAA).
- I have read and understood all articles in this document or have taken steps to clarify any questions regarding this document.
- I am entitled to be notified of any changes to this document.

Name

Signature

Date