

EARNEY DENTAL ASSOCIATES, INC.
135 SOUTH CLAY ST.
MILLERSBURG, OHIO 44654
330-674-8080

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reasons why we use or disclose your health information is for treatment, payment, or healthcare operations.

Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you, prescribing medications and phoning them in for you, referring you to another doctor, and/or getting copies of your health information from another professional that you may have seen before us. Examples of how we may use or disclose your health information for payment purposes are: asking you about your dental care plans or other sources of payment, preparing and sending bills or claims, and/or collecting unpaid amounts (either ourselves or through a collection agency or attorney). "HEALTH CARE OPERATIONS" means those administrative and managerial functions that we do in order to run our office. Examples of how we use or disclose your health information for healthcare operations are: financial or billing audits, internal legal matters, business planning and outside storage of our records.

We routinely use your health information inside our office for these purposes without special permission. If we need to disclose your health information outside of our office for these reasons we usually do not ask for special written permission.

OTHER PERMITTED USES AND DISCLOSURES THAT DO NOT REQUIRE SPECIAL PERMISSION:

1. When a state or federal law mandates that certain health information be reported for a specific purpose;
2. For public health purposes, such as contagious disease reporting.
3. Disclosures to government authorities about victims of suspected abuse, neglect, or domestic violence;
4. Uses and disclosures for health oversight activities, such as licensing of doctors; for audits by Medicaid or Medicare; or for investigation of possible violations of healthcare law;
5. Law enforcement, such as to facilitate law enforcement investigations; to comply with government audits, inspections, subpoenas, or court order;
6. Disclosures relating to workers compensation programs;
7. Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures
8. Disclosures to "business associates" such as dental laboratories, who perform healthcare operations for us and who commit to respect the privacy of your health information.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your dental care.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we may mail you an appointment notification reminder on a postcard, and / or leave a reminder message on your home answering machine or with someone who answers the phone if you are not at home.

INDIVIDUAL RIGHTS

You have certain rights under the federal privacy standard. These include:

1. The right to request restrictions on the use and disclosure of your protected health information by completing the Request for Restriction form. We will make every attempt to honor such requests, but we are not obligated to agree to requests that conflict with permitted or required uses. The right to receive confidential communications concerning your condition, and treatment such as calling you at a phone number other than your home number.
2. The right to inspect and copy your protected health information.
3. The right to amend or submit corrections to your protected health information.
4. The right to receive an accounting of how and to whom your protected health information has been disclosed.
5. The right to contact the DHHS secretary if you believe your privacy rights has been violated.
6. The right to receive a printed copy of this notice.

EARNEY DENTAL ASSOCIATES, INC.

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice at your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

REQUEST TO INSPECT PROTECTED HEALTH INFORMATION

As permitted by federal regulation, we require that the request to inspect or copy protected health information by submitting in writing. You may obtain a form to request access to your records by contacting the Privacy Officer.

COMPLAINTS OR REQUESTS FOR FURTHER INFORMATION

If you would like to submit a comment or complaint about our privacy practices, if you feel your privacy rights have been violated or if you have a request to obtain further information you can do so by sending a letter outlining your concerns to:

PRIVACY OFFICER

EARNEY DENTAL ASSOCIATES, INC.

135 SOUTH CLAY ST

MILLERSBURG, OHIO 44654

You will not be penalized or otherwise retaliated against for filing a complaint.

EFFECTIVE DATE

This notice is effective on or after April 15, 2003.

ACKNOWLEDGEMENT OF RECEIPT

EFFECTIVE DATE 4-15-2003

I acknowledge that I received a copy of Earney Dental Associates, Inc. Notice of Privacy Practices.

Patient Name _____

Signature _____ Date _____