



## **NOTICE OF PRIVACY PRACTICES**

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

**This practice is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.**

### **The Dental Practice Covered By This Notice**

**This Notice describes the privacy practices of Riversbend Dental ("Dental Practice"). "We" and "our" means the Dental Practice. "You" and "your" means our patient.**

### **How to Contact Us/Our Privacy Official**

**If you have any questions or would like further information about this Notice, you can either write to or call the Privacy Official for our Dental Practice:**

<b>Dental Practice Name:</b>	<b>Riversbend Dental</b>
<b>Privacy Official for Dental Practice:</b>	<b>Page Seck, Office Manager</b>
<b>Dental Practice mailing address:</b>	<b>6028 S. State Route 48 Maineville, OH 45039</b>
<b>Dental Practice email address:</b>	<b>riversbenddental@hotmail.com</b>
<b>Dental Practice phone number:</b>	<b>513.494.0333</b>

### **Information Covered By This Notice:**

**This Notice applies to health information about you that we create or receive and that identifies you. This Notice tells you about the ways we may use and disclose your health information. It also describes your rights and certain obligations we have with respect to your health information. We are required by law to:**

- maintain the privacy of your health information;**
- give you this Notice of our legal duties and privacy practices with respect to that information; and**
- abide by the terms of our Notice that is currently in effect.**

## **Our Use and Disclose of Your Health Information Without Your Written Authorization**

### ***Common Reasons for Our Use and Disclosure of Patient Health Information***

#### **Treatment**

We will use your health information to provide you with dental treatment or services, such as cleaning or examining your teeth or performing dental procedures. We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care.

#### **Payment**

We may use and disclose your health information to obtain payment from health plans and insurers for the care that we provide to you. (example)

*“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to this practice for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.”*

#### **Health Care Operations**

We may use and disclose health information about you in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.

#### **Appointment Reminders**

We may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, voicemail, or email.

#### **Treatment Alternatives and Health-Related Benefits and Services**

We may use and disclose your health information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to you.

#### **Disclosure to Family Members and Friends**

We may disclose your health information to a family member or friend who is involved with your care or payment for your care if you do not object or, if you are not present, we believe it is in your best interest to do so.

### ***Less Common Reasons for Use and Disclosure of Patient Health Information***

<p><b>The following uses and disclosures occur infrequently and may never apply to you.</b></p>
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#### **Disclosures Required by Law**

We may use or disclose patient health information to the extent we are required by law to do so. For example, we are required to disclose patient health information to the US Department of Health and Human Services so that it can investigate complaints or determine our compliance with HIPAA.

#### **Public Health Activities**

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting births or deaths, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications or foods, enabling product recalls, and reporting disease or infection exposure.

**Victims of Abuse, Neglect or Domestic Violence**

We may disclose health information to the appropriate government authority about a patient whom we believe is a victim of abuse, neglect or domestic violence.

**Health Oversight Activities**

We may disclose patient health information to a health oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs, and compliance with certain civil rights laws.

**Lawsuits and Legal Actions**

We may disclose patient health information in response to (i) a court or administrative order or (ii) a subpoena, discovery request, or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested.

**Law Enforcement Purposes**

We may disclose patient health information to a law enforcement official for law enforcement purposes, such as to identify or locate a suspect, material witness or missing person or to alert law enforcement of a crime.

**Coroners, Medical Examiners and Funeral Directors**

We may disclose patient health information to coroners, medical examiners, or funeral directors to allow them to carry out their duties.

**Organ, Eye and Tissue Donation**

We may use or disclose patient health information to organizations involved in procuring, banking, or transplanting cadaveric organs, eyes or tissues for donation and transplant.

**Research Purposes**

We may use or disclose patient health information for research purposes pursuant to patient authorization waiver approval by an Institutional Review Board or Privacy Board.

**Serious Threat to Health or Safety**

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

**Specialized Government Agencies**

We may disclose patient health information for military (domestic or foreign) about its members or veterans, for national security and protective services for the President or other heads of state, to the government for security clearance reviews, and to a jail or prison about its inmates.

**Workers' Compensation**

We may disclose patient health information as necessary to comply with State Workers' Compensation Laws or similar programs that provide benefits for work-related injuries or illness.

**Change of Ownership**

In the event that this practice is sold or merged with another organization, your health information/record will become the property of the new owner.

**Your Written Authorization for Any Other Use or Disclosure of Your Health Information**

We will make other uses and disclosures of health information not discussed in this Notice only with your written authorization. You may revoke that authorization at any time in writing. Upon receipt of the written revocation, we will stop using or disclosing your health information for the reasons covered by the authorization going forward.

## **Your Rights with Respect to Your Health Information**

**You have the following rights with respect to certain health information that we have about you (information in a Designated Record Set as defined by HIPAA). To exercise any of these rights, you must submit a written request to our Privacy Official listed on the first page of this Notice.**

- **Access:** You may request to review or request a copy of your health information. We may deny your request under certain circumstances. You will receive written notice of a denial and can appeal it. We will provide a copy of your health information in a format you request if it is readily producible. If not readily producible, we will provide it in a hard copy format or other format that is mutually agreeable. If your health information is included in an Electronic Health Record, you have the right to obtain a copy of it in an electronic format and direct us to send it to the person or entity you designate in an electronic format. We may charge a reasonable fee to cover our cost to provide you with copies of your health information.
- **Amend:** If you believe that your health information is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances. You will receive written notice of a denial and can file a statement of disagreement that will be included with your health information that you believe is incorrect or incomplete.
- **Restrict Use and Disclosure:** You may request that we restrict uses of your health information to carry out treatment, payment, or health care operations or to your family member or friend involved in your care or the payment for your care. We may not (and are not required to) agree to your requested restrictions, with one exception. If you pay out of your pocket in full for a service you receive from us and you request that we not submit the claim for this service to your health insurer or health plan for reimbursement, we must honor that request.
- **Confidential Communications: Alternative Means, Alternative Locations:** You may request to receive communications of health information by alternative means or at an alternative location. We will accommodate a request if it is reasonable and you indicate that communication by regular means could endanger you. When you submit a written request to the Privacy Official listed on the first page of this Notice, you need to provide an alternative method of contact or alternative address and indicate how payment for services will be handled.
- **Accounting of Disclosures:** You have a right to receive an accounting of disclosures of your protected health information for the six years prior to the date that the accounting is requested except for disclosures to carry out treatment, payment, health care operations (and certain other exceptions as provided by HIPAA). The first accounting we provide in any 12-month period will be without charge to you. We will charge a reasonable fee to cover the cost for each subsequent request for an accounting within the same 12-month period. We will notify you in advance of this fee and you may choose to modify or withdraw your request at that time.
- **Receive a Paper Copy of this Notice:** You have a right to a paper copy of this Notice of Privacy Practices at any time upon request (even if you have agreed to receive the Notice electronically). To obtain a paper copy, ask the Privacy Official.

## **Changes to this Notice of Privacy Practices**

**This practice reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, this practice is required by law to comply with this Notice.**

**This practice is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice or if you want more information about your privacy rights, please contact our Privacy Official. The effective date of this Notice (including any updates) is in the top right-hand corner of the Notice.**

**To Make Privacy Complaints**

**If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting our Privacy Official listed on the first page of this Notice.**

**If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:**

**DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509 F, HHH Building  
Washington, DC 20201**

**The privacy of your health information is important to us. We will not retaliate against you in any way if you choose to file a complaint.**

**I have read the Privacy Notice and understand my rights contained in the notice.**

**By way of my signature, I provide this practice with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.**

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**Patient's Name (Print)**

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**Patient's Signature**

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**Date**

6028 S. State Route 48   Maineville, OH   45039   513.494.0333