

## **Notice of Privacy Practices**

**Health Information Exchange:** We may make your health information available electronically to other healthcare providers outside our facility who are involved in your care.

**We may use or disclose your protected health information (PHI) in the following situations UNLESS you object.**

- We may share your information with friends or family members or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. For example, we may discuss post-procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information.
- We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person responsible for your care of your location, general condition, or death.
- We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

**The following uses and disclosures of PHI require your written authorization: marketing, disclosures for any purposes which require the sale of your information. All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.** Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

You have certain rights related to your PHI. All requests to exercise your rights must be made in writing. Patients can obtain these request forms from the office, and the requests should be directed to the Privacy Officer.

- **You have the right to see and obtain a copy of your PHI.** This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. If requested, we will provide you a copy of your records in an electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost-based fee for a copy of the records.
- **You have the right to request a restriction of your PHI.** You may request for this practice not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request, we will honor the restriction request unless the information is needed to provide emergency treatment.
- **There is one exception.** We must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.
- **You have the right to request for us to communicate in different ways or in different locations.** We will agree to reasonable requests. We may also request an alternative address or other method of contact such as mailing information to a post-office box. We will not ask for an explanation from you about the request.
- **You may have the right to request an amendment to your health information.** You may request an amendment of your health information if you feel the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have the opportunity to disagree.
- **You have the right to a list of people or organizations who have received your health information from us.** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous 6 years or a shorter time frame. If you request more than one list within a 12-month period, you may be charged a reasonable fee.
- **You have the right to obtain a paper copy of this notice from us upon request.** We will provide you a copy

of this Notice the first day we treat you at our facility. In an emergency situation, we will give you this Notice as soon as possible.

- **You have the right to receive notification of any breach of your PHI.**

### **Complaints**

If you think we have violated your rights or you have a complaint about our privacy practices, you can contact Dr. Barbara Bowman-Hensley, DMD, MAGD, PA at the following address:

1674 Tunnel Road  
Asheville, NC 28805  
(828) 299-8824

You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. IF you file a complaint, we will not retaliate against you.

This Notice was published and becomes effective on April 14, 2003.

**Patient Signature (Parent/Guardian if minor):** \_\_\_\_\_ **Date:** \_\_\_\_\_