



## Statement of Privacy Practices at Elite Dental of Natick

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

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effective. This notice takes effect 9/20/2019, 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, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

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 on this Notice.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

**Treatment:** we may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

**Payment:** we may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an Insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information. Your dental health plan may require personally identifiable information including your name, date of birth, and member ID for you and your subscriber to perform these functions. The member ID may at times be your social security number and your dental health plan may require us to include this information in order to properly process your claims.

**Healthcare Operations:** we may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

**Individuals Involved In Your Care or Payment for Your Care:** we may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment of your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

**Disaster Relief:** we may use or disclose your health information to assist in disaster relief efforts.

**Required by Law:** we may use or disclose your health information we are required to do so by law.

**National Security:** we may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required by lawful intelligence, counterintelligence, and any other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

**Law Enforcement:** we may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

**Public Health Activities:** we may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury, or disability
- Report child abuse or neglect
- Report reactions to medications or problems with products or devices
- Notify a person of a recall, repair, or replacement of products or devices
- Notify a person who may have been exposed to a disease or condition
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence

**Secretary of HHS:** we will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

**Worker's Compensation:** we may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs establish by law.

**Health Oversight Activities:** we may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.



## Statement of Privacy Practices at Elite Dental of Natick (Cont.)

**Judicial and Administrative Proceedings:** if you are involved in a lawsuit or a dispute, we may disclose your PHI in response to court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

**Research:** we may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, Medical Examiners, and Funeral Directors:** we may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

**Use of Artificial Intelligence Technologies:** We may use artificial intelligence (AI) technologies, machine learning algorithms, and automated systems to support various aspects of your healthcare experience. These technologies may be used in treatment, payment operations, healthcare operations, and administrative functions to enhance the quality, efficiency, and safety of services we provide. When we use AI technologies, your protected health information may be processed through these systems. Qualified healthcare professionals review AI-assisted clinical recommendations before any treatment decisions are made. We implement appropriate safeguards to protect your information when processed through AI systems.

**Special Protections for Substance Use Disorder Treatment Records:** Substance Use Disorder records are protected under 42 CFR Part 2 and HIPAA. Any SUD-related information disclosed to this dental practice will be limited to oral-health-related considerations such as medication interactions, anesthesia risk, and infection control, and may be redisclosed as permitted by HIPAA. However, such records cannot be used in legal proceedings against the patient without specific consent or a court order.

### Other uses and Disclosures of PHI

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosures of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

### Your Health Information Rights

**Access:** you have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing and can provide either electronically or in print. You may obtain a form to request access by using the contact information listed on this Notice. You may also request access by sending us a letter to the address on this notice. We will use the form and format you request it readily producible. We may charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Copies of 3D x-rays that were taken to diagnose treatment can also be shared upon request for \$200 if no treatment was subsequently rendered. This fee is waived if treatment is rendered as it is included in the cost of treatment performed.

**Disclosure Accounting:** with the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to our office. If accounting is greater than 12 months, we may charge you a reasonable, cost-based fee for responding to the additional requests.

**Right to Request Restriction:** you have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to our office. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply. We are not required to agree to your request if it impairs our ability to provide you care and manage your account. Specifically, if this restriction inhibits our ability to properly process claims on your behalf, you may be asked to submit claims yourself, remit full payment to our office ahead of treatment, and provide our office the explanation of benefits in order to properly account for the services rendered. If this restriction inhibits our ability to properly provide treatment to you, we may not be able to render treatment for you in our office.

**Alternative Communications:** you have the right to request that we communicate with you about your health information by alternative means. You must make your request in writing. Your request must specify the alternative means and provide satisfactory explanation of how payments will be handled under the alternative means you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

**Amendment:** you have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

**Right to Notification of a Breach:** you will receive notifications of breaches of your unsecured protected health information as required by law.

**Electronic Notice:** you may receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically on our website or by email.

### **Questions and Complaints:**

If you want more information about our privacy practices or have questions or concerns please contact us.

If you are concerned that we may have violated your privacy rights, or if 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 with you by alternative means, you may complain to us using the contact information listed on this notice or to the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information and will seek any way to accommodate your requests.