

**MARENGO DENTAL, PC
110 E WASHINGTON MARENGO IL 60152**

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL/DENTAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION**

PLEASE REVIEW IT CAREFULLY

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 04/06/2003, and will remain in effect until we replace it. (amended 3/15/2012)

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. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available 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 at the end of this Notice.

This Notice of Privacy practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" (PHI) is information about you and that relates to your past, present or future physical or mental health or condition and related health care services. We must provide this notice to you no later than the date of the first service delivery.

You will be asked by your dentist to sign a consent/acknowledgement form. By signing the consent/acknowledgement form, your dentist, our office staff and others outside of our office that are involved in your healthcare may use and disclose your PHI (Protected Health Information) as needed to support the business operation of our dental office.

**THE FOLLOWING ARE EXAMPLES OF THE TYPES OF USES AND DISCLOSURES
OF YOUR PROTECTED HEALTH CARE INFORMATION THAT THE DENTIST'S
OFFICE IS PERMITTED ONCE THE CONSENT/ACKNOWLEDGEMENT FORM IS
SIGNED**

**THESE EXAMPLES ARE NOT MEANT TO BE EXHAUSTIVE, BUT TO DESCRIBE THE TYPES OF USES AND
DISCLOSURES THAT MAY BE MADE BY OUR OFFICE.**

TREATMENT: We will use and disclose your protected health information to provide, coordinate, or manage your dental care and any related services. We may use or disclose your health information to a dentist/physician or other healthcare provider providing treatment to you. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a dentist to whom you have been referred to ensure that the dentist has the necessary information to diagnose or treat you.

PAYMENT: Your protected dental information will be used, as needed, to obtain payment for your dental services. This may include certain activities that your dental insurance plan may undertake before it approves or pays for the dental care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

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HEALTHCARE OPERATIONS: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your dentist. We may also call you by name in the waiting room when you are ready to be seen. We may use or disclose your protected health information to contact you to remind you of your appointment (such as voicemail messages, postcards or letters)

The layout of our office is an "open design" both in the operatories and at the front desk. Try as we may to keep all of your protected health information private, there are instances in which conversations may be overheard by others. For example, other patients may hear us discussing your health history or they may hear when you make your next appointment and for what reason. If you wish you may request we keep these conversations to a minimum or in as private a location as is feasible in our office. Please make the request in writing to our Privacy Officer.

We will share your protected health care information with third party "business associates" that perform various activities(e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health care information, we will have a written contract that contains terms that will protect the privacy of your protected health care information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.

YOUR AUTHORIZATION: Other uses and disclosures of your protected health information will be made only with your written authorization, unless permitted or required by law as described below. In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not effect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

TO YOUR FAMILY AND FRIENDS: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your dental care. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies, x-rays, referrals, or other similar forms of health information. Finally, we may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

EMERGENCIES: We may use or disclose your health information in an emergency treatment situation. If this happens, your dentist shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your dentist or another dentist in the practice is required by law to treat you, and the dentist has attempted to obtain your consent, but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

COMMUNICATION BARRIERS: We may use and disclose your protected health information if your dentist or another dentist in the practice attempts to obtain consent from you but is unable to do so due to communication barriers and the dentist determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING SITUATIONS WITHOUT YOUR CONSENT OR AUTHORIZATION:

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These situations include:

REQUIRED BY LAW: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

PUBLIC HEALTH: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.

COMMUNICABLE DISEASES: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

HEALTH OVERSIGHT: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

ABUSE OR NEGLECT: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

FOOD AND DRUG ADMINISTRATION: We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

LEGAL PROCEEDINGS: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful purpose.

LAW ENFORCEMENT: We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes as otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime has occurred.

CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATION: We may disclose PHI to a coroner or medical examiner for identification purposes. PHI may be used and disclosed for cadaver organ, eye or tissue donation purposes.

CRIMINAL ACTIVITY: Consistent with applicable federal and state laws, we may disclose PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to apprehend or identify an individual.

MILITARY ACTIVITY AND NATIONAL SECURITY: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel.

WORKERS COMPENSATION: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

REQUIRED USES AND DISCLOSURES: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance of Section 164.5000 et. Seq.

PATIENT RIGHTS

ACCESS: You have the right to inspect or get copies of your health information, with limited exceptions. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we

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maintain the protected health information. A "designated record set" contains dental and billing records and any other records that your dentist and the practice uses for making decisions about you. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You must request access in writing. If you request copies, we will charge you \$1 per page, \$10 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. Under federal law, however, you may not inspect or copy the following records; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, for a facility directory, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after 4/14/2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. Please make this request in writing to our Privacy Officer.

ALTERNATIVE COMMUNICATION: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing). Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. Please make this request in writing to our Privacy Officer.

AMENDMENT: This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

RESTRICTION: You have the right to request a restriction of your health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your healthcare information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. Your dentist is not required to agree to a restriction that you request. If a dentist believes it is in your best interest to permit use and disclosure of your health information, your health information will not be restricted. If your dentist does agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment.

With this in mind, please discuss any restriction you wish to request with your dentist. You may request a restriction by requesting and submitting in writing a "restriction form" from our Privacy Officer.

QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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

PRIVACY OFFICER: *Maura Stout*
TELEPHONE: 815-568-1202
ADDRESS: 110 E WASHINGTON MARENGO IL 60152

(amended 3/15/2012)