

## Notice of Privacy Practices

*This notice describes how dental information about you may be used and disclosed and about how you can get access to this information. Please review it carefully.*

The policy of Dr. Paul H Bishop dental practice (hereafter, known as "our practice") is to protect the confidentiality, integrity and security of the protected dental and personal information of our patients and to prevent unauthorized access to, or the use or disclosure of such information. We are required by law to maintain the privacy of your dental information and provide you with this notice of our duties and obligations. This policy applies to patients who are current or former patients of our practice.

Individually identifiable dental and personal information is any information obtained by our practice in connection with providing dental treatment, obtaining payment and related dental care operations. This relates to past, present or future information that our practice receives from you as our patient.

Our practice collects personal information in order to learn about your dental history, dental condition, render treatment and collect payment for our services. We gather this information from your patient forms, health questionnaires and other forms you will be asked to complete from time-to-time. In addition, we will assemble information based on our discussions and conversations with you, your personal representative and your family members. Your insurance carrier may provide information to our office.

We will use this information to provide caring and quality dental care to you. Examples include, diagnosis, treatment and communications such as follow up and appointment reminders, including using your voice mail and/or answering machine, as well as treatment alternatives or other dental-related benefits. As part of our standard treatment and dental operations, we may share information with a facility such as a hospital, laboratory, diagnostic service or dental provider to efficiently coordinate your treatment plan. For contracted insurers, your information will be used for claims management and to obtain payment from your insurance carrier. As required by your insurance contractor, we will exchange paper and electronic data for activities such as eligibility, benefit and coverage determinations, pre-certification, utilization review, etc. For worker's compensation, information about a work-related condition can be exchanged with the employer.

Your information is maintained in our office in our practice management computer system. We also maintain information about you in our dental chart. Our practice limits the access to your protected health information to those employees and business associates who need to know that information. With some limitations, you have the right to inspect, amend, copy and receive an accounting of disclosures of your medical billing records.

We do not disclose personal information to third parties unless one of the following exceptions applies:

We receive explicit authorization from you to release individually identifiable information. This authorization must be in writing and give exact details regarding to whom the disclosure applies, the nature of the data to be released, the applicable dates and signed by the patient (or guardian). You may revoke this authorization by providing a written statement to Dr. Paul H Bishop's privacy officer.

Federal, state or other applicable law requires us to share protected information or records.

We are obligated to abide by the terms of this notice. If, at any time in the future, it is necessary to disclose any of your personal information in a way that is materially different from this policy, Dr. Paul H Bishop will give you notice of the change through a mailed announcement or on your visit following the change.

With some exceptions, you have the right to review and obtain a copy of your dental information. This request must be in writing and **there may be a reasonable** charge to provide you with a copy of your information. You also have the right to request your records be amended, to request special accommodations and restrictions of your health information and to receive accounting of the disclosures of your information. You have the right to request confidential communications of your information. Dr. Paul H Bishop is not obligated to agree to a requested restriction. We must receive a written request from you to administer these rights. Please speak to the receptionist for further information or to begin the process to exercise any of these rights.

If you have a complaint about the management of your health information or believe your privacy rights have been violated, contact our office at (256) 355-1744. You have the right to file a complaint with the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. There will be no retaliation for filing a complaint.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Copy given to patient

Effective Date: 4-14-2003 Revision Date: 4-28-2005