

# Notice of Privacy Practices

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION

## OUR LEGAL DUTY

Federal and state law requires us to maintain the privacy of your health information. That law also requires us 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 we describe in this notice while in effect, as of April 14, 2003.

We reserve the right to make changes to our policies and the terms of this notice at any time. Prior to making any said changes, we will update the documentation available to you. You may request a copy of our policies, at any time. Once you have completed this reading, our office manager can address any additional questions you may have.

## USES & DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. Such are, but are not limited to, the following:

**Treatment:** We may use your health information for treatment and disclose it to a dentist, physician, or other health care provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide you. We may disclose your health information to another health care provider or entity that is subject to the federal Privacy Rules for its payment activities.

**Health Care Operations:** We may use and disclose your health information for our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation and certification, licensing or credentialing activities. We may disclose your health information to another health care provider or organization that is subject to the federal privacy rules and that has a relationship with you to support some of their health care operations. We may disclose your health information to help these organization conduct quality assessment, as well as detect or prevent health care fraud and abuse.

**On Your Authorization:** 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 any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was

in effect. Unless you give us your written authorization, we cannot use or disclose your information for any reason except those previously described in this notice.

**To Your Family and Friends:** We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care. Before we disclose your health information to these people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We may 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 filled prescription, dental x-rays, supplies or other similar forms of health information. We may use or disclose information about you to notify or assist in notifying a person involved in your care, of your location and general condition.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

**Disaster Relief:** We may use or disclose your health information to a public or private entity authorized by law or its charter to assist in disaster relief efforts.

**Public Benefit:** We may use your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law
- For public activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury
- To report adult abuse, neglect, or domestic violence
- In response to court and administrative orders and other lawful processes
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other persons
- To coroners, medical examiners, and funeral directors
- To avert a serious threat to health or safety
- In connection with certain research activities
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities
- To correctional institutions regarding inmates; and
- As authorized by state worker's compensation laws

## **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information and allow sufficient time for staff to provide said information. You may request access by sending a letter to the following address: 12806 3<sup>rd</sup> Ave N. Everett, WA 98208. If you request copies, we will charge you a reasonable cost-based

fee that may include labor, copying costs, and postage. You may contact us in regards to an estimate for fees potentially assessed.

**Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your health information over the last 6 years (but not prior to April 14, 2003). That list will not include disclosures for treatment, payment, health care operations, as authorized by you, and for certain other activities. If you request this accounting more than once in a 12-month period, we will charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have to request that we place additional restrictions on our use of your health information. We are not required to agree to these additional terms. If we do, we will abide by our exclusive agreement, with the exceptions of emergency. Any agreement we may make to a request for additional restrictions must be presented by you, the patient, in writing and signed by a person authorized to make such an agreement on our behalf. Your request is not binding unless our agreement is in writing.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why we should amend the information. We may deny such request under certain circumstances.

## QUESTIONS AND COMPLAINTS

If you believe:

- We may have violated your privacy rights
- We made a decision about access to your health information incorrectly, or
- Our response to a request you made to amend or restrict the use of disclosure of your health information was incorrect

You may contact us via written response. You may also submit a written complaint to the US Department of Health and Human Services. We support your right to privacy and will not retaliate in any manner should you so choose to file a complaint with the US Department of Health and Human Services.