

EFFECTIVE DATE: APRIL 30, 2019

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

This notice (“**Notice**”) is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996, and its implementing regulations, as amended by the Health Information Technology for Economic and Clinical Health Act (as amended from time to time, “**HIPAA**”). It is designed to tell you how we may, under federal law, use or disclose your health information.

PHOENIXVILLE DENTAL (sometimes referred to in this Notice as the “**Practice**”, “**we**” or “**us**”) is required by law to provide you with this Notice of our legal duties and privacy practices with respect to your health information that we maintain. HIPAA places certain obligations upon us with regard to your protected health information (“**Health Information**”) and requires that we keep confidential any medical information that identifies you. We take this obligation seriously and when we need to use or disclose your Health Information, we will comply with the full terms of this Notice. Anytime we are permitted to or required to share your Health Information with others, we only provide the **minimum** amount of data **necessary** to respond to the need or request unless otherwise permitted by law.

I. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION.

We are permitted by law to use and disclose your Health Information without your authorization under certain circumstances, as described below. This means that we do not have to ask you before we use or disclose your Health Information for purposes such as to provide you with treatment, seek payment for the services we provide to you, for our health care operations or as otherwise permitted under law.

▪ Treatment, Payment and Health Care Operations.

- ▶ **Treatment.** We may use and disclose your Health Information to provide you with dental treatment or services. We may disclose your Health Information to dental specialists, physicians and other personnel who are involved in your care.
- ▶ **Payment.** We may use and disclose your Health Information to obtain payment for the treatment and services we provide to you from you, the government, an insurance company or a third party. For example, we may also tell your insurer or governmental payor about a treatment you are going to receive to obtain prior approval that your plan or the government will cover the cost of the treatment.
- ▶ **Health Care Operations.** We may use and disclose your Health Information to manage our operations or the operations of another provider or payor. These uses and disclo-

tures are necessary to run the practice and make sure that all of our patients receive quality care. For example, we may use Health Information to review our treatment and services and for training and evaluating the performance of our staff and health care professionals, quality assurance purposes, financial or billing audits, legal matters, and business planning and development. We may also combine Health Information about many of our patients to decide what additional services that we should offer, what services are not needed, and whether certain new treatments are effective.

- **To Other Healthcare Providers.** To Other Healthcare Providers. We may disclose your Health Information to other health care professionals where it may be required by them to treat you, to obtain payment for the services they provided to you or to perform their own health care operations.
- **Disclosures to Relatives, Close Friends, Caregivers.** We may disclose your Health Information to family members and relatives, close friends, caregivers or other individuals that you may identify so long as we (i) obtain your authorization; (ii) provide you with the opportunity to object to the disclosure and you do not object; or (iii) we reasonably infer that you would not object to the disclosure.

If you are not present or, due to your incapacity or an emergency, you are unable to agree or object to a use or disclosure of your Health Information, we may exercise our professional judgment

to determine whether such use or disclosure would be in your best interests. We will disclose only the information that we believe is directly relevant to such person's involvement with your care or payment related to your care. We will also disclose your Health Information in order to notify or assist with notifying such persons of your location, general condition or death. You may, at any time, request that we do not disclose your Health Information to any of these individuals.

■ **Public Health Activities.** We may disclose your Health Information for certain public health activities as required by law, including:

- to report Health Information to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- to report certain immunization information where required by law, such as to the state immunization registry or to your child's school;
- to report births and deaths;
- to report child abuse to public health authorities or other government authorities authorized by law to receive such reports;
- to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration, such as reactions to medications;
- to notify you and other patients of any product or medication recalls that may affect you;
- to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and
- to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

■ **Health Oversight Activities.** We may disclose your Health Information to a health oversight agency such as Medicaid or Medicare that oversees health care systems and delivery, to assist with audits or investigations designed for ensuring compliance with such government health care programs.

■ **Victims of Abuse, Neglect, Domestic Violence.** Where we have reason to believe that you are or may be a victim of abuse, neglect or domestic violence, we may disclose your Health Information to the proper governmental authority, including social or protective service agencies, that are authorized by law to receive such reports.

■ **Judicial and Administrative Proceedings.** We may disclose your Health Information pursuant to a court order, subpoena or other lawful process in the course of a judicial or administrative proceeding. For example, we may disclose your Health Information in the course of a lawsuit you have initiated

against another for compensation or damage for personal injuries you received to that person or his/her insurance carrier.

■ **Law Enforcement Officials.** We may disclose your Health Information to police or other law enforcement officials as may be required or permitted by law or pursuant to a court order, subpoena or other lawful process, such as to police in order to identify a suspect, fugitive, material witness or missing person. We may also disclose your Health Information to police where it may concern a death we believe is a result of criminal conduct or due to criminal conduct within our premises, or where it would be necessary in an emergency to report a crime, identify a victim of a crime, or identify or locate the person who may have committed a crime.

■ **Decedents.** We may disclose your Health Information to medical coroners for purposes of identifying or determining cause of death or to funeral directors in order for them to carry out their duties as permitted or required by law.

■ **Workers Compensation.** We may use or disclose your Health Information to the extent necessary to comply with state law for workers' compensation or other similar programs, for example, regarding a work-related injury you received.

■ **Research.** We may use or disclose your Health Information under certain circumstances without your written authorization where the research committee has waived the authorization requirement.

■ **Fundraising Communications.** From time to time, we may contact you by phone, email or in writing to solicit tax-deductible contributions to support our activities. In doing so, we may disclose to our fundraising staff certain demographic information about you, such as your name, address and phone number, as well as certain other limited information. You have a right to opt-out of receiving these communications and may do so at any time.

■ **Health or Safety.** We may use or disclose your Health Information where necessary to prevent or lessen threat of imminent, serious physical violence against you or another identifiable individual, or a threat to the general public.

■ **Military and Veterans.** For members of the armed forces and veterans, we may disclose your Health Information as may be required by military command authorities. If you are a foreign military personnel member, your Health Information may also be released to appropriate foreign military authority.

■ **Specialized Government Functions.** We may disclose your Health Information to governmental units with special functions under certain circumstances. For example, your Health Information may be disclosed to any of the U.S. Armed Forces or the U.S. Department of State.

- **National Security and Intelligence Activities.** We may disclose your Health Information to authorized federal officials for purpose of intelligence, counterintelligence and other national security activities that may be authorized by law.
- **Protective Services for the President and Others.** We may disclose your Health Information to authorized federal officials for purposes of providing protection to the President of the United States, other authorized persons or foreign heads of state or for purposes of conducting special investigations.
- **Inmates.** If you are an inmate in a correctional institution or otherwise in the custody of law enforcement, we may disclose your Health Information to the correctional institution or law enforcement official(s) where necessary (i) for the institution to provide health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.
- **Organ and Tissue Procurement.** If you are an organ donor, we may disclose your Health Information to organizations that facilitate or procure organs, tissue or eye donations or transplantation.
- **As Required by Law.** We may use or disclose your Health Information in any other circumstances other than those listed above where we would be required by state or federal law or regulation to do so.
- **HIE Participation.** We may use or disclose your Health Information in connection with an electronic Health Information Exchange (“HIE”) that we may participate in for your treatment, whether you have health insurance and what it may cover, and to evaluate and improve the quality of medical care provided to all of our patients. Other health care providers, such as physicians or hospitals, may also have access to your information in the HIE for similar purposes to the extent permitted by law. You have the right to “opt-out” or decline to participate in the HIE and, if you do opt-out, we will not further use or disclose any of your Health Information in connection with the HIE. To “opt-out” or decline to participate in the HIE, please contact the Practice’s Privacy Officer using the contact information provided in **Article VI** of this Notice.
- **Psychotherapy Notes.** To the extent that your record contains any psychotherapy notes, we generally must obtain your specific written authorization prior to disclosing such information, unless otherwise permitted by law; however, we may disclose psychotherapy notes, without obtaining your authorization, for some of the purposes discussed in Article I, above.
- **Marketing Activities.** In most cases, we must obtain your specific written authorization in order to use any of your Health Information to provide you with marketing materials by mail, email or telephone; however, we may provide you with marketing materials face-to-face without obtaining such authorization, in addition to communicating with you about services or products that relate to your treatment, care coordination, alternative treatments, therapies, providers or care settings. If you do authorize us to send you marketing materials, you have a right to revoke such authorization at any time. If you wish to revoke your authorization, please contact the Practice’s Privacy Officer using the contact information provided in Article VI of this Notice.
- **Activities Where We Receive Money for Giving Your Health Information to a Third-Party.** For certain activities in which we would receive remuneration, directly or indirectly, from a third-party in exchange for your Health Information, we must obtain your specific written authorization prior to doing so. We will not require your authorization for activities such as for treatment, public health or research purposes. If you do provide us with your authorization, you have a right to revoke your authorization at any time. If you wish to revoke your authorization, please contact the Practice’s Privacy Officer using the contact information provided in Article VI of this Notice.
- **Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. If your treatment involves this information, you may contact our office for more information about these protections. Generally, we will seek your authorization prior to disclosing such information unless otherwise permitted by applicable state and federal law.

II. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION.

In general, we will need your specific written authorization on our HIPAA Authorization Form to use or disclose your Health Information for any purpose other than those listed above in Article I. We will seek your specific written authorization for at least the following information unless the use or disclosure is otherwise permitted or required by law, as described above:

III. YOUR RIGHTS.

1. **Right to Request Additional Restrictions.** You have the right to request restrictions on the uses and disclosures of your Health Information, such as:
 - For treatment, payment and health care operations;
 - To individuals involved in your care or payment related to your care; or

- To notify or assist individuals locate you or obtain information about your condition.

We may not (and are not required to) agree to your requested restrictions, with one exception: If the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the Health Information pertains solely to a health care item or service for which you or your representative have paid us for in-full and out-of-pocket. To be considered by the Practice, all requests for restrictions must be in writing and must be submitted to the Practice's Privacy Officer.

2. Right to Confidential Communications. You have the right to make a reasonable written request to receive your Health Information by alternative and reasonable means of communication or at alternative reasonable locations.

3. Right to Inspect/Copy Health Information. You have the right to inspect and request copies of your Health Information that we maintain in an electronic designated record set; however, we may deny such request under limited circumstances. You may request a copy of such Health Information in any reasonable electronic format that is readily producible by us. We will notify you if we are denying your request and you can appeal that denial. We may charge you a reasonable fee for paper copies of your Health Information or the amount of our reasonable labor costs for a copy of your Health Information in an electronic format.

4. Right to Notice of Breach. We are required by law to protect the privacy and security of your Health Information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured Health Information and inform you of what steps you may need to take to protect yourself.

5. Right to Paper Copy of Notice of Privacy Practices. You may at any time request a paper copy of this Notice from our Privacy Officer, even if you previously agreed to receive this Notice by email or other electronic format.

6. Right to Revoke Authorization. After providing the Practice with your authorization to use and disclose your Health Information, you may, at any time revoke, such authorization, regardless of whether your initial authorization was given verbally or in writing. You are generally required to revoke your authorization in writing, which must be sent to the Practice's Privacy Officer. Such request for revocation will be granted, except to the extent we have already taken action in reliance upon your authorization.

7. Right to Request Amendment. You may request that we amend, or change, your Health Information that we maintain by making such request to the Practice's Privacy Officer **in writing**, using the contact information provided in **Article VI** of this Notice. We may deny your request under certain circumstances. You will receive written notice of a denial and can file a statement of disagreement that will be included with your health information that you believe is incorrect or incomplete.

8. Right to an Accounting. You may request an accounting of certain disclosures we have made of your Health Information within the period of six (6) years from the date of your request for the accounting. The first accounting we provide in any 12-month period will be without charge to you. We may charge you a reasonable fee to cover the cost for each subsequent request for an accounting within the same 12-month period. Please contact the Practice's Privacy Officer if you wish to request an accounting of disclosures.

IV. OUR DUTIES.

We are required by law to maintain the privacy of your Health Information and to provide you with a copy of this Notice. We are also required to abide by the terms of this Notice.

HIPAA generally does not "preempt" (or take precedence over) state privacy or other applicable laws that provide greater privacy protections to individuals than those provided under HIPAA. Therefore, to the extent state law applies that is more stringent than HIPAA, we may be required to operate under that applicable state privacy standard.

We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all your Health Information, even if it was created prior to the change in the Notice. If we do change this Notice, we will only make changes to the extent permitted by law. We will also make the revised Notice available to you by posting it in a place where individuals seeking services from us will be able to read the Notice, as well as on our website provided in **Article VII** of this Notice. You may obtain the new Notice in hard copy as well from Practice's Privacy Officer.

V. COMPLAINTS TO THE GOVERNMENT.

You may make complaints to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights with respect to your Health Information have been violated. We will not to retaliate against you for any complaint you make to the Practice or to the government about our privacy practices.

VI. CONTACT INFORMATION.

You may contact the Practice about our privacy practices by writing, emailing, faxing or calling the Practice's Privacy Officer at:	You may contact the U.S. Department of Health and Human Services at:
<p>The Omene Dental Group LLC d/b/a Phoenixville Dental 883 Valley Forge Road, Phoenixville PA 19460</p> <p>Privacy Officer: Akpo Omene Phone: 610-933-3717 Fax: 610-935-5785 Email: Akpo@phoenixvilledental.com</p>	<p>Office for Civil Rights U.S. Department of Health and Human Services 150 S. Independence Mall West Suite 372, Public Ledger Building Philadelphia, PA 19106-9111 Phone: (800) 368-1019 Fax: (202) 619-3818 TTD: (800) 537-7697 Email: ocrmail@hhs.gov</p>

VII.ELECTRONIC NOTICE.

The current version of this Notice of Privacy Practices is also available on our web page at <http://www.phoenixvilledental.com>