NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFROMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

 PLEASE REVIEW IT CAREFULLY.

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), all medical records and other individual identifiable **Protected Health Information** (**PHI**) of which we **SRQ Endodontics** have knowledge, must be kept confidential.

 All PHI used by us or disclosed by us is covered by this Act regardless of whether this PHI is electronic, oral, or paper form. Several new rights are granted to patients under this act, allowing control over how your PHI is used, how you can access it, and in some cases amend it.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI.

We may be assessed a penalty for any misuse or unauthorized disclosure of your personal health information as regulated by HIPAA.

This notice of privacy is effective April 2003.

We are bound to abide by the terms of this notice and reserve the right to make any revisions to this policy. If revisions a copy of the revised policy will be available at your request.

Should any breach of unsecured PHI ever occur, we will notify the patients involved within ten business days of discovery of this breach.

You will be asked to sign a consent form authorizing us to use your personal health information for the following purposes as defined under the Act:

* Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination of management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. An example of this would be a dentist’s referral to an orthodontist.
* Payment means obtaining reimbursement for the provision of health care; determinations of eligibility of coverage; billing, claims management; collection activities; justification of charges; and disclosures to consumer reporting agencies; protected health information relating to the collection of reimbursements (only certain information may be disclosed). An example of this would be submitting your bill for health care services to your insurance company.
* Health care operation are any activity related to covered functions in which we participate in the function of our offices, such as conduction quality assessment activities; protocol development; case management; fundraising; and marketing for which an authorization is not required. An example of this would be an evaluation of customer service given to patients.

We may, without prior consent use or disclose your PHI to conduct treatment, payment, or health care operations:

* Directly to you at your request
* In an emergency treatment situation, or if we attempt to obtain consent but are unable, due to barriers of communication, we determine in our professional opinion that treatment is clearly needed from the circumstances.
* Pursuant to and in compliance with an authorization signed by you.
* Provided that you are informed in advance of the use and disclosure and agree to or prohibit or restrict the use or disclosure. This may be an oral agreement between us and may include a directory maintained at our facility containing specific information allowed by the Act.

We may de-identify your personal health information by using codes or removing individually identifiable health information.

All other uses and disclosures will be made only upon securing a written authorization signed by you. You have the right to revoke this authorization, at any time, upon written notice and we will abide by that request.

However, an exception would be any actions already taken, relying on your authorization, and prior revocation notice.

If you have paid for services out of pocket, in full, and request that we do not disclose PHI related solely to these services to a health plan, we will abide by this request except where required by law to make a disclosure.

We may contact you to provide appointment reminders or to inform you about treatment alternatives or other health related benefits or services that may be of interest to you.

A written authorization from you will be required to release the following information:

* Use and disclosure of psychotherapy notes.
* Use and disclose of PHI for marketing purposes.
* Disclosures that constitute sale of PHI
* Other uses and disclosures of PHI not described in this Notice of Privacy Practices

Under HIPAA, you have the following rights with respect to your protected health information:

* There will be no release of Genetic Information for underwriting purposes.
* You have the right to request restrictions on certain uses and disclosures of protected health information, including restrictions placed upon disclosure to family members, close personal friends, or any other person you may identify. We are, however, not required to agree to a requested restriction.
* You have the right to receive confidential communications of your protected health information, either directly from us or from us by alternative means or from alternative locations.
* You have the right to inspect and copy your protected health information; you may also request your PHI in an electronic format if we use an electronic (paperless) recordkeeping system.
* You have the right to amend PHI, however, this request may be denied under certain circumstances.
* You have the right to receive an accounting of disclosures of your protected health information made by us in the six years prior to the date of the account request.
* You have the right to obtain a paper copy of t this notice forms us, even if you have already agreed to receive the notice electronically.

If you feel your privacy rights or the provisions of this notice of privacy policies have been violated, you have the right to file a formal written complaint.