**Notice of Privacy Practices**

**This notice describes how information about you may be used and disclosed,**

**as well as how you can get access to this information.**

The privacy of your health information is important to us. Please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires us to maintain the privacy of your health information. Your medical records and other individually identifiable health information used or disclosed by us in any form will be kept properly confidential. This act gives you, the patient, rights to understand and control how your health information is used.

As required by “HIPA

A”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We use and disclose health information about you for treatment, payment, and health care operations. For example:

* **Treatment:** We may use your health information for treatment or disclose it to another 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 to you, confirming coverage, billing or collection activities, and utilization review.
* **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 providers evaluating practitioner and provider performance, conducting training programs, accreditation, 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 information to help these organizations conduct quality assessment and improvement activities, review the competence or qualifications of health care professionals, or detect or prevent health care fraud.

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

We may create and distribute de-identified health information by removing all references to individually identifiable information.

We may disclose your health information to a family member, friend or other person to 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 of disclosure.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following right with respect to your protected health information, which you can exercise by presenting a written request to our office.

* The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
* The right to reasonable requests to receive confidential communications of protected health information from us by alternative means.
* The right to inspect and copy your protected health information.
* The right to amend your protected health information.
* The right to receive an accounting of disclosures or protected health information.
* The right to obtain a paper copy of this notice from us upon request.

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

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 is effective May 2016 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from our office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, office of Civil Rights, about violations of the provisions in this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information: For more information about HIPAA or to file a complaint:

Paxton Family Dental The U.S. Department of Health & Human Services

225 N. Market St. Office of Civil Rights

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Phone: (217) 379-4614 Phone: (202) 619-0257

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