

**Dr. Egg Pediatric Dentistry  
Notice of Privacy Practices  
Effective July 3, 2013**

Patient privacy is important to the doctors and staff of Dr. Egg Pediatric Dentistry. Our office is required by law to maintain the privacy of Protected Health Information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that identifies you and related to your past, present or future physical or mental health or condition and related health services. This Notice of Privacy Practices (Notice) explains how we may use and disclose PHI to provide treatment, payment or health care operation and for other purposes permitted or required by law. Also, the Notice describes your rights with respect to PHI about you.

Our office is obligated to follow terms of this notice. We will not use or disclose PHI about you without your written authorization, except as described in this notice. We reserve the right to change our practice and this notice and to make the new notice effective on all PHI we maintain. Upon request, we will provide any revised notice to you.

**Examples of how we may use and disclose PHI**

The following describes how we use your PHI:

*We will use PHI for treatment.* We may use and disclose PHI about you to provide, coordinate or manage your health care services. Example: Should a prescription be needed to treat a patient in the office, your PHI may be disclosed to a pharmacist.

*We will use PHI for payment.* We may give PHI about you to others to bill and collect payment for treatment provided to you. Example: Your PHI will be used in billing your insurance company for treatment rendered in our office.

*We will use PHI for health care operations.* WE may use and disclose PHI in performing business activities. Example: We routinely conduct in-office audits to ensure correctness of billing.

We are also likely to disclose PHI for the following purposes without a written consent.

*Business associates:* We contact other companies to perform services in our office. These companies may have access to PHI in assisting us. In order to protect your PHI, we require all business associates to appropriately safeguard the information. Example: WE contract an outside company to provide us with technical support on our computer system. In assisting us with maintaining our systems, this company has access to PHI.

*As required by law:* We must disclose PHI about you when required to do so by law. Any other uses and disclosures will be made only with your written authorization.

**Your Health Information Rights**

You have the following rights pertaining to your PHI:

*Obtain a paper copy of the notice upon request.* You may request a paper copy of this notice, or any revised notice at any time.

*Request a restriction on certain uses and disclosures of PHI.* You have the right to request additional restrictions on our use or disclosure on PHI about you by sending a written request to our Privacy Officer. We are not required to agree to those restrictions.

*Inspect and obtain a copy of your PHI.* You have the right to see a copy of PHI about you contained in a designated record set for as long as our office maintains the PHI. The designated record set may include billing, charting, and x-rays. WE may charge a reasonable fee for copying and mailing such records.

*Request an amendment of PHI.* If you feel the PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment to your PHI, contact our office. You must include supporting reasons for the amendment. In certain cases, we may deny your request for amendment. If our office denies your request, you have the right to file a statement of disagreement, and we may give rebuttal to your statement.

*Receive an accounting of disclosures of PHI.* You have the right to receive an accounting of the disclosures we have made of PHI about you on or after July 3, 2013, for most purposes other than treatment, payment or health care operations. The accounting may exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, and disclosures to friends and family involved in you and your child's care. The right to receive an accounting is subject to certain other expectations, restrictions, and limitations. To request an accounting, you must submit your written request to our Privacy Officer. Your request must specify the time period for which you wish to obtain accounting, which may not exceed six years. The first accounting your request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved, if any, and you may choose to withdraw or modify your request at that time.

*Request communications of PHI by alternative means or at alternative locations.* You have the right to request to receive communications of PHI by alternative means. For example, you may want recall cards sent to a post office instead of your home address. Your request must be made in writing. If we cannot communicate with you using these alternative means, we may resort to using other contact information we have.

**Incidental Disclosures**

*The Open Bay.* We use an open bay in our office for most dental treatments (recall appointments and sealants). This type of environment is used for many reasons including positive behavior reinforcement (kids seeing other kids behaving well). Parts of dental treatments and/or conversations may be overheard by other patients or parents in the office. If you find that your child needs additional privacy, please request a closed door operatory.

*Recall Postcards.* As a general practice we send recall appointment reminder postcards by mail. The postcards indicate the child's name and time and date of the appointment. Contact our office if you do not want us to send you recall reminder post cards.

*Appointment Reminders.* Also as a general practice we call our patient's home telephone number and leave a message reminding them of their upcoming appointments. This is usually done one to two days before each dental appointment. Please let us know if you do not want us to contact you in this manner.

**For more information or to report a problem, please contact our Privacy Office at Dr. Egg Pediatric Dentistry**