

# **Notice of Privacy Practices**

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Questions or concerns related to your privacy? Contact our office at 865-691-0995 and ask to speak to our privacy officer.

#### Your Rights

#### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

| Get an electronic or |
|----------------------|
| paper copy of your   |
| medical record       |

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Inquire at our front desk.
- We will provide a copy or a summary of your health information, within 10 days of your request. We may charge a reasonable, cost-based fee.

## medical record

- Ask us to correct your You can ask us to correct health information about you that you think is incorrect or incomplete. Inquire at our front desk.
  - We may so "no" to your request, but we will tell you in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment. payment, or our operations. We are not required to agree to your request, and we may so "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost -based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

 You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### feel your rights are violated

- File a complaint if you You can complain if you feel we have violated your rights. Do this by contacting our main office at 865-691-0995 and requesting to speak to our privacy officer.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting the following website: www.hhs.gov/ocr/ privacy/hipaa/complaints/.
  - We will not retaliate against you for filing a complaint.



#### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

# In these cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital or facility directory\*

If you are unable to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

#### In the case of fundraising efforts:

• We may contact you for fundraising efforts, however you can tell us not to contact you again if you do not wish to participate.

#### Our Uses and Disclosures

#### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

|                           |  | •  |
|---------------------------|--|--|
| Treating you              | We can use your health information and share it with other professionals who are treating you                    | Example: A doctor treating you for an injury asks another doctor about your overall health condition.  |
| Running our organization  | We can use and share your health information to run our practice, improve your care, and contact you             | <b>Example:</b> We use health information about you to manage your treatment and services.             |
| Billing for your services | We can use and share your health in-<br>formation to bill and get payment from<br>health plans or other entities | Example: We give information about you to your health insurance plan so it will pay for your services. |

#### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see the following web site:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

More use and disclosure information continued on next page...

| Help with public<br>health and safety<br>issues                               | <ul> <li>We can share health information about you for certain situations such as:</li> <li>◊ Preventing disease</li> <li>◊ Helping with product recalls</li> <li>◊ Reporting adverse reactions to medications</li> <li>◊ Reporting suspected abuse, neglect, or domestic violence</li> <li>◊ Preventing or reducing a serious threat to anyone's health or safety</li> </ul>                           |
|---|---|
| Research activities   | We can use or share your information for health research.   |
| Comply with the law   | <ul> <li>We will share information about you if state or federal laws require it, including with<br/>the Department of Health and Human Services (HHS) if it wants to see that we're<br/>complying with federal privacy law.</li> </ul>   |
| Respond to organ/tissue donation requests                                     | <ul> <li>We can share health information about you with appropriate organ procurement<br/>organizations.</li> </ul>   |
| Work with a medical examiner/funeral director                                 | We can share health information with a coroner, medical examiner, or funeral director when an individual dies.  |
| Address workers' compensation, law enforcement, and other government requests | <ul> <li>We can use or share health information about you as needed:</li> <li>◊ For workers' compensation claims</li> <li>◊ For law enforcement purposes or with a law enforcement official</li> <li>◊ With health oversight agencies for activities authorized by law</li> <li>◊ For special government functions such as military, national security, and presidential protective services</li> </ul> |
| Respond to lawsuits and legal actions   | We can share health information about you in response to a court or administrative order, or in response to a subpoena.   |
| Educational purposes  | <ul> <li>We will not share your information, even when de-identified, for educational<br/>purposes without obtaining your prior written consent</li> </ul>  |

#### Our Duty

#### We are committed to the privacy and security of your health information

We are required by law to maintain the privacy and security of the health information we generate, transmit, and receive on your behalf.

| breach     |       |        |           |
|------------|-------|--------|-----------|
|            |       |        | • • • • • |
| Sharing of | finfo | rmatio | n         |

In the event of a data

• We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

# We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Please let us know in writing if you change your mind.

## Changes to notice of privacy practices

• We can change the terms of this notice, and the changes will apply to all information we have about you. The latest notice of privacy practices is always available to you upon request, in our office, and on our web site.

<sup>\*</sup> Cornerstone Dental Arts does not maintain a facility directory of any kind