

# Privacy Policy – Hospitality Dental Associates

This notice describes how health information about you may be used and disclosed in our dental practices and how you can get access to this information, please review it carefully.

If you have any questions about this notice, please contact the HR Clerk at (909) 888-6919.

## **Who Will Follow This Notice:**

~ Hospitality Dental Associates and all its affiliates

This notice describes our privacy practices. All these entities, sites, and locations follow the terms of this notice. In addition these entities, sites, and locations may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

## **Our Pledge Regarding Health Information:**

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Hospitality Dental Associates, whether made by your personal Dentist or others working in the offices. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

## **We are required by law to:**

- ~ Make sure that health information that identifies you is kept private.
- ~ Give you this notice of our legal duties and privacy practices with respect to health information about you
- ~ Follow the terms of the notice that is current in effect.

## **How We May Use And Disclose Health Information About You:**

The following categories describe different ways that Hospitality Dental Associates use and disclose health information. For each and every category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### **For Treatment:**

We may use health information about you with health care treatment or services. We may disclose health information about you to Dentists, assistants, students, or other personnel who are involved in taking care of you. They may work at our offices, at another one of our Dentist or Orthodontist offices, labs or other health care facilities to whom we refer you to for specialty treatment.

### **For Payment:**

We may use and disclose health information about you so that the treatment and services you receive from us may be billed to your insurance company, you, or any third party involved.

### **For Health Care Operations:**

We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practices and make sure that all our patients receive quality care.

### **As Required By Law:**

We will disclose health information about you when required to do so by federal, state, or local.

### **To Avert a Serious Threat to Health or Safety:**

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety of the public or another person. Any disclosure, however, would only be to help prevent the threat.

### **Military and Veterans:**

If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate personnel to the appropriate foreign military authorities.

### **Workers Compensation:**

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries.

### **Public Health Risks:**

We may disclose health information about you for public health activities. These activities generally include the following:

- ~ to prevent or control disease, injury or disability;
- ~ to report births and deaths;

- ~ to report child abuse or neglect;
- ~ to report reactions to medications or problems with products;
- ~ to notify people of recalls of products they may be using;
- ~ to notify person or organization required to receive information of FDA-regulated products;
- ~ to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition;
- ~ to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:**

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:**

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:**

We may release health information if asked to do so by a law enforcement official:

- ~ in reporting certain injuries, as required by law, gunshot wounds, burn, injuries to perpetrators of crime;
- ~ in response to a court order, subpoena, warrant, summons or similar process;
- ~ to identify or locate a specific suspect, fugitive, material witness, or missing person:
- ~ Name and address;
- ~ Date of birth or place of birth;
- ~ Social security number;
- ~ Blood type or rh factor;
- ~ Type of injury;
- ~ Date and time of treatment and/of death, if applicable;
- ~ A description of distinguishing physical characteristics.
- ~ About the victim of crime, if the victim agrees to disclosure or under certain limited circumstances, we are unable to obtain the person's agreement;
- ~ About a death we believe may be the result of criminal conduct;
- ~ About criminal conduct at our facility; and
- ~ In emergency circumstances to report a crime, the location of the crime or victims; or identify, description or location of the person who committed the crime.

**Coroners, Health Examiners, and Funeral Directors:**

We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:**

We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:**

We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates:**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution.

**Your Rights Regarding Health Information About You:**

**You have the following rights regarding health information we maintain about you:**

**Right to Inspect and Copy:**

You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records. To inspect and copy health information that may be used to make decisions about you, you must submit your request in

writing to the office manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies like x-rays and services associated with your request.

### **Right to Amend:**

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing, submitted to the office manager, and must be contained on one page of paper legible handwritten or typed in at least 10-point font size. In addition, you must provide a reason that supports your request of an amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ~ was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ~ is not part of the health information kept by or for our practice;
- ~ is not part of the information which you would be permitted to inspect and or copy; or
- ~ is accurate and complete, any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

### **Right to Request Restrictions:**

You have the right to request a restriction of limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit in the health information we disclose about you to someone who is involved in your care of the payment for your care, such as a family member or friend. To request a restriction, you must make your request in writing to the office manager. In your request, you must tell us what information you want us to limit and whom you want the limits to apply; for example, use of any information by a specified dental assistant, or disclosure of specified treatment to your spouse.

### **Right to Request Confidential Communications:**

You have the right to request that we communicate with you about certain matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to the office manager. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. Hospitality Dental Associates will accommodate all reasonable requests.

### **Right to a Paper Copy of This Notice:**

You have the right to obtain a paper copy of this notice at any time. At the time of service rendered, you should receive a copy, as it is your right. If you would like another copy, you may always ask the receptionist or the office manager.

### **Changes to this notice:**

**We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities.**

### **Complaints:**

**If you believe your privacy right has been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Office Manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.**

### **Other Uses of Health Information:**

**Other uses of health information not covered by this notice or the laws that apply to us will be made only with your written consent. If you will provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.**

### **Acknowledgment of Receipt of the Notice:**

**We will request that you sign a separate form or notice acknowledge you have received a copy of this notice. If you chose, or are not able to sign, a staff member will sign their name and date. This acknowledgment will be filed with your records.**