

Notices of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA we have prepared this explanation of how we are required to maintain the privacy, disclose and use of your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

1. Treatment means providing, coordinating or managing health care and related services by one or more health care providers. For example, we may need to share information with other providers or specialists involved in the continuation of your care.
2. Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities. For example, we disclose treatment information when billing a dental plan for dental services.
3. Health Care Operations include the business aspects of running our practice. For example, patient information may be used for training purposes or quality assessment.

Unless you request otherwise, we may use or disclose health information to a family member, friend or other personal representative to the extent necessary to help with your healthcare or with payment. We may also use your confidential information to remind you of appointments by sending postcards or leaving messages at home/work/cell. 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 the written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your protected health information, which you can exercise by sending a written request to our Privacy Officer at the address below.

1. The right to request restrictions on certain uses and disclosures of protected health information, including family members, other relatives, close friends, or any other person identified by you. However, we are not required to agree to a requested restriction. If we do agree, we must abide by it unless you agree in writing to remove it.
2. The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
3. The right to access, inspect and copy your protected health information.
4. The right to request an amendment to your protected health information.
5. The right to receive an accounting of disclosures of protected health information outside of treatment, payment and health care operations.
6. 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.

This notice is effective as of January 1, 2003 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 and to make the new Notice provisions effective for all protected health information that we maintain. Revisions will be posted on the effective date and you may request a written copy of the revised Notice.

You have the right to file a formal written complaint with us at the address below or with the Department of Health & Human Services, Office of Civil Rights in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Hayes Cosmetic & Family Dentistry
3224 George Washington Hwy
P.O. Box 665
Hayes Va 23072

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave S.W.
Washington, D.C. 20201
877-696-6775

