



Notice of Privacy Practices

The Mission of Dexter Endodontics is quite simple:

After meeting Dr. Healy and his team,

- Patients will not be fearful of getting a root canal.
- Patients will feel comfortable about having root canal treatment.
- Patients will be glad they had their root canal performed by Dr. Healy.

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to the information. Please review it carefully.

HOW TO CONTACT DEXTER ENDODONTICS

If you have any questions or would like further information about this Notice, you can contact Dr. Healy's Privacy Official at:

HIPAA Privacy Coordinator and/or Office Manager
2820 S. Baker Road, Suite 201B
Dexter, MI 48130
(734) 424-0053
Fax: (734) 424-0056
rene@dexterendodontics.com

OUR PROMISE TO YOU AND OUR LEGAL OBLIGATIONS

Our legal duty—We are required by federal and state law to maintain the privacy of your health information. It is important to us. We understand that your health information is personal and we are committed to protecting it. This Notice describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographics information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to:

- Maintain the privacy of your health information
- Notify you in case of a breach of your identifiable medical and dental information
- Give you Notice of our legal duties and privacy practices with respect to that information.
- Abide by the terms of this Notice that are currently in effect.

USES AND DISCLOSURES RELATING TO TREATMENT OR PAYMENT WHICH DO NOT REQUIRE YOUR CONSENT

- **FOR TREATMENT**—We may use and disclose your PHI to provide you with dental treatment or services, such as examination of your teeth or performing dental procedures. We may disclose PHI about you to dentists, dental specialists, physicians, nurses, and other health care personnel who provide health care services to you or who are involved in your care. For example, if you are treated for a toothache, we may disclose your PHI to your dentist to coordinate care.
- **TO OBTAIN PAYMENT**—We may use and disclose your PHI to bill and collect payment for the health care services provided to you. Your claims are securely submitted electronically for payment processing. For Example, our billing department may use some of your PHI and disclose it to your health plan for payment. If you object to this standard office procedure, payment is due in full and no claims will be filed on your behalf.
- **TO PROVIDE APPOINTMENT REMINDERS AND HEALTH-RELATED BENEFITS OR SERVICES**—We may use PHI to provide appointment reminders. We may also give you information about treatment alternatives, or other health care services or benefits we provide. Some examples of how we may contact you is by using a postcard, letter, phone call, voice message, text, or email.
- **HEALTH CARE OPERATIONS**—We may use or disclose health information about you in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and healthcare professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.
- **DISCLOSURE TO FAMILY MEMBERS AND PERSONAL REPRESENTATIVES**—We may disclose your health information to a family member or personal representative who is involved with your care or payment for your care. If you are present, then prior to disclosure of your PHI, we will provide you with an opportunity to object to such uses of disclosures. In the event you are incapacitated or emergency circumstances arise, we will disclose PHI based on a determination using our professional judgment disclosing only health information relevant to the person's involvement in your health care. If you are a member of a Family Insurance Plan, it is sometimes necessary to speak to the Insured about your treatment in order to process claims and billing for our office. If you object to these standard office procedures, please notify our office management team. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies, x-rays, or other similar forms of health information.
- **DISCLOSURE TO BUSINESS ASSOCIATES**—We may disclose your PHI to our third-party service providers (called "business associates") that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use a business associate to assist us in maintaining our practice management software. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

LESS COMMONS USES AND DISCLOSURES

- **WHEN DISCLOSURE IS REQUIRED BY FEDERAL, STATE, OR LOCAL, JUDICIAL OR ADMINISTRATIVE PROCEEDINGS, OR LAW ENFORCEMENT**--For example, we are required to disclose PHI to the U.S. Dept. of Health and Human Services so that it can investigate complaints or determine our compliance with HIPAA.
- **FOR PUBLIC HEALTH ACTIVITIES**—For example, we must report to government officials in charge of collecting specific information related to certain diseases and infections. We also may disclose PHI to manufacturers of drugs, biologics, devices, and other products regulated by the federal Food and Drug Administration when the information is related to their quality, safety, or effectiveness. PHI may also be disclosed to certain people exposed to communicable diseases and to employers in connection with occupational health and safety or worker's compensation matters.
- **VICTIMS OF ABUSE, NEGLECT, TRAFFICKING, OR DOMESTIC VIOLENCE**-- We make disclosures when a law requires that we report information to government agencies and law enforcement personnel about a patient whom we believe is a victim of trafficking, abuse, neglect, or domestic violence, when dealing with gunshot or other wounds, or when ordered in a judicial or administrative proceeding.
- **FOR HEALTH OVERSIGHT ACTIVITIES**—For example, we will provide information to government officials to conduct an investigation or inspection of a health care provider or organization.
- **LAWSUITS AND LEGAL ACTION**—We may disclose PHI in response to (i) a court or administrative order or (ii) a subpoena, discover request, or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested.

- **LAW ENFORCEMENT PURPOSES**–We may disclose your health information to a law enforcement official for law enforcement purposes, such as to identify or locate a suspect, material witness or missing person or to alert law enforcement of a crime.
- **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS**–We may disclose your PHI to a coroner, medical examiner or funeral director to allow them to carry out their duties.
- **FOR RESEARCH PURPOSES**–In certain circumstances, we may use or provide PHI to conduct research. This research generally is subject to oversight by an institutional review board. In most cases, while PHI may be used to help prepare a research project or to contact you to ask whether you want to participate in a study, it will not be further disclosed for research without authorization. However, where permitted under federal law, institutional policy and approved by an institutional review board or a privacy board, PHI may be further used or disclosed. In addition, PHI may be used or disclosed for research as ‘limited or de-identified data sets’ which do not include your name, address or other identifiers.
- **TO AVOID SERIOUS THREAT TO HEALTH OR SAFETY**–To avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen the potential harm.
- **FOR SPECIFIC GOVERNMENT FUNCTIONS**–We may disclose the PHI of military personnel and veterans in certain situations. We also may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
- **FOR WORKERS’ COMPENSATION PURPOSES**–We may provide PHI to comply with workers’ compensation laws.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR ANY OTHER USE OR DISCLOSURE OF YOUR HEALTH INFORMATION.

Uses and disclosures of your PHI that involve psychotherapy notes (if any), marketing, sale of your PHI, or other uses or disclosures not described in this notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time, in writing, except to the extent that this office has taken an action in reliance on the use of disclosure indicated in the authorization. If a use or disclosure of PHI described above in this notice is prohibited or materially limited by other laws that apply to use, we intend to meet the requirements of the more stringent law.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights with respect to certain health information that we have about you (information in a Designated Record Set as defined by HIPAA). To exercise any of these rights, you must submit a written request to our Privacy Official listed on the first page of this Notice.

- **RIGHT TO ACCESS AND REVIEW**–You may request to access and review a copy of your health information. We may deny your request under certain circumstances. You will receive written notice of a denial and can appeal it. We will provide a copy of your health information in a format you request if it is readily producible. If not readily producible, we will provide it in a hard copy format or other format that is mutually agreeable. If your health information is included in an Electronic Health Record, you have the right to obtain a copy of it in an electronic format and to direct us to send it to the person or entity you designate in an electronic format. We may charge a reasonable fee to cover our cost to provide you with copies of your health information.
- **RIGHT TO AMEND**–If you believe that your health information is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances. You will receive written notice of a denial and can file a statement of disagreement that will be included with your health information that you believe is incorrect or incomplete.
- **RIGHT TO RESTRICT USE AND DISCLOSURE**–You may request that we restrict uses of your health information to carry out treatment, payment, or health care operations or to your family member or friend involved in your care or the payment of your care. We may not (and are not required to) agree to your requested restrictions, with one exception: If you pay out of your pocket in full for service you receive from us and you request that we not submit the claim for this service to your health insurer or health plan for reimbursement, we must honor that request.
- **RIGHT TO CONFIDENTIAL COMMUNICATIONS, ALTERNATIVE MEANS AND LOCATIONS**–You may request to receive communications of health information by alternative means or at an alternative location. We will accommodate a request if it is reasonable and you indicate that communication by regular means could endanger you. When you submit a written request to the Privacy Officer listed on the first page of this Notice, you need to provide an alternative method of contact or alternative address and indicate how payment for services will be handled.

- **RIGHT TO AN ACCOUNTING DISCLOSURE**—You have the right to receive an accounting of disclosures of your health information for the six (6) years prior to the date that the accounting is requested except for disclosures to carry out treatment, payment, health care operations (and certain other exceptions as provided by HIPAA). The first accounting we will provide in any 12-month period will be without charge to you. We may charge a reasonable fee to cover the cost for each subsequent request for an accounting with the same 12-month period. We will notify you in advance of this fee and you may choose to modify or withdraw your request at that time.
- **RIGHT TO A PAPER COPY OF THIS NOTICE**—You have the right to a paper copy of this Notice. You may ask us to give you a paper copy of the Notice at any time (even if you have agreed to receive the Notice electronically). To obtain a paper copy, ask the Privacy Official. You can also obtain a copy at our website, www.dexterendodontics.com

RIGHT TO RECEIVE NOTIFICATION OF A SECURITY BREACH

We are required by law to notify you if the privacy or security of your health information has been breached. The notification will occur by first class mail with sixty (60) days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of your health information.

The breach notification will contain the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; (3) a brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches.

OUR RIGHT TO CHANGE OUR PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future. We will promptly revise the Notice when there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this Notice. We will post the revised Notice on our website (if applicable) and in our office and will provide a copy of it to you upon request. The effective date of this Notice is April 1, 2017.

HOW TO MAKE PRIVACY COMPLAINTS

If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting our Privacy Official and/or Office Manager listed on the first page of this Notice.

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you in any way if you choose to file a complaint.