

# DAKOTA PEDIATRIC DENTISTRY, P.C.

## NOTICE OF PRIVACY PRACTICES

**This notice describes how health information about your child may be used and disclosed, and how you can get access to this information. Please review it carefully. The privacy of your child's health information is important to us.**

### Dental Practice Covered by this Notice

This notice describes the privacy practices of Dakota Pediatric Dentistry, PC ("dental practice"). "We" and "our" means the Dental Practice. "You" means your child's legal guardian. "Your Child" and "him/her" means our patient.

### How to Contact Us/Our Privacy Officer

If you have any questions or would like further information about our Notice of Privacy Practices, you may use the following information to contact our Privacy Officer (location specific):

Fargo Privacy Officer:	Allison R.	Grand Forks Privacy Officer:	Amanda B.
Fargo Telephone:	701-478-5439	Grand Forks Telephone:	701-746-1400
Fargo Fax:	701-364-5440	Grand Forks Fax:	701-775-4645
Fargo Address:	4265 45 <sup>th</sup> Street S. Suite 202 Fargo, ND 58104	Grand Forks Address:	3990 S. Columbia Rd.  Grand Forks, ND 58201
Fargo Email:	<a href="mailto:allison@dakotapediatricdentistry.com">allison@dakotapediatricdentistry.com</a>	Grand Forks Email:	<a href="mailto:amanda.bina@dakotapediatricdentistry.com">amanda.bina@dakotapediatricdentistry.com</a>

### Our Promise to Your Child and Our Legal Obligations

The privacy of your child's health information is important to us. We understand that your child's health information is personal and we are committed to protecting it. This notice describes how we may use and disclose your child's 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 as the legal guardian to access and control your child's PHI. PHI is information about your child, including demographic information that may identify your child and that relates to your child's past, present, or future physical or mental health or condition, and related health care services. Dakota Pediatric Dentistry, PC uses encrypted email servers to transmit electronic PHI, but cannot guarantee the security levels of email servers receiving our electronic emails, or those servers which are out of our control. We make regular efforts to review our security practices to ensure we are protecting our patients protected health information.

### Last Revision Date

This notice takes effect 9/23/2013. It will remain in effect until we are required to replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact our location specific privacy officer.

### How We May Use or Disclose Your Child's Health Information

The following examples describe different ways we may use or disclose your child's health information. These examples are not meant to be exhaustive, or to serve as a complete list. We are permitted by law to use and disclose your child's health information for the following purposes.

#### 1. Common Uses and Disclosures

- A. Treatment.** We may use your child's health information to provide him/her with dental treatment or services including, but not limited to: a cleaning, examination, radiographs and/or other dental procedures. We may disclose health information about your child to dental specialists, physicians, or other health care professionals involved in your child's dental care.

### **Dakota Pediatric Dentistry, PC General Consent**

I, being the parent or legal guardian of the minor patient, do hereby and request the performance of dental services for the minor patient and the use of any procedures in which Dr. Chad Hoge or Dr. Mikala Hoge may deem necessary for diagnostic treatment purposes.

I understand that Dr. Chad Hoge or Dr. Mikala Hoge will inform me of any necessary treatment and I understand that Dr. Chad Hoge, Dr. Mikala Hoge, and staff will use preventive, restorative, oral surgery, and patient management techniques that may be deemed necessary to complete treatment for the minor child.

I also authorize the administration of local anesthetics such as but not limited to lidocaine which may be deemed necessary by Dr. Chad Hoge and Dr. Mikala Hoge.

- B. Payment.** We may use and disclose your child's health information to obtain payment from health plans and insurers for the treatment that we provide to your child. If the financially responsible party pays in full for a service considered to be out of pocket, the financially responsible party now has the right to request that the dental office not disclose the treatment information for this service to a health plan.

### **Authorization for Submission of Claims**

I authorize Dakota Pediatric Dentistry, PC to submit claims for payment of services to the health service plan/s or insurance company/ies named, on my behalf and in the name of my child. I understand that I am financially responsible for any other charges, and I know that payment will be issued to Dakota Pediatric Dentistry, PC (unless your child's health plan dictates otherwise). If I pay in full for service/s considered to be out of pocket, I have the right to request that Dakota Pediatric Dentistry, PC does not disclose treatment information for this service to my child's health plan.

I agree to be responsible for payment of all services rendered on my behalf of my child. I understand that payment is due at the time of service unless other arrangements have been made prior to my child's dental appointment(s). In the event that payments are not received by agreed upon dates, I understand that a finance charge may be added to my account. I further understand that I am responsible for attorney's fees and costs associated with a collection company in the event of an account default.

- C. Health Care Operations.** We may use and disclose health information about your child in connection with health care operations necessary to run our dental practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.
- D. Appointment Reminders.** We may use or disclose your child's health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, phone call, voice message, text, or email.
- E. Treatment Alternatives and Health-Related Benefits and Services.** We may use and disclose your child's health information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to your child.
- F. Disclosure to Family Members and Friends.** We may disclose your child's health information or payment information to a family member or friend who is involved with your child's care if a Power of Attorney Form is signed by you, the legal guardian of the child. We will disclose only the medical and payment information that is relevant to the person's involvement. Resolution of payment disputes is the responsibility of the person listed as your child's responsible party.
- G. Disclosure to Business Associates.** We may disclose your child's protected health information to our third-party service providers (business associates) whom 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 with installing or updating our practice management software. All of our business associates are obligated, under contract with us, to protect the privacy of your child's information, and are not allowed to use or disclose any information other than as specified in our contract.

## 2. Less Common Uses and Disclosures

- A. Disclosures Required by Law.** We may use or disclose patient health information to the extent we are required by law to do so. For example, we are required to disclose patient health information to the U.S. Department of Health and Human Services so that they may investigate complaints, or determine our compliance with HIPAA.
- B. Public Health Activities.** We may disclose patient health information for public health activities and purposes, which include: preventing or controlling disease, injury or disability, reporting births or deaths, reporting child abuse or neglect, reporting adverse reactions to medications or foods, reporting product defects, enabling product recalls, and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- C. Victims of Abuse, Neglect, or Domestic Violence.** We may disclose health information to the appropriate government authority about a patient whom we believe is a victim of abuse, neglect, or domestic violence.
- D. Health Oversight Activities.** We may disclose patient health information to a health oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs, and compliance with certain civil rights laws.
- E. Lawsuits and Legal Actions.** We may disclose patient health information in response to 1) a court or administrative order or 2) 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.
- F. Law Enforcement Purposes.** We may disclose your child's 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.
- G. Coroners, Medical Examiners and Funeral Directors.** We may disclose your child's health information to a coroner, medical examiner, or funeral director to allow them to carry out their necessary duties.
- H. Organ, Eye, and Tissue Donation.** We may use or disclose your child's health information to organ procurement organizations or others that obtain, bank, or transplant cadaveric organs, eyes, or tissues for donation and transplant.
- I. Research Purposes.** We may use or disclose your information for research purposes pursuant to patient authorization waiver approval by an Institutional Review Board or Privacy Board.
- J. Serious Threat to Health or Safety.** We may use or disclose your child's health information if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety.
- K. Specialized Government Functions.** We may disclose your child's health information to the military (domestic or foreign) about their members or veterans, for national security and protective services for the President or other heads of state, to the government for security clearance reviews, and to a jail or prison about their inmates.
- L. Worker's Compensation.** We may disclose your child's health information to comply with Worker's Compensation laws or similar programs that provide benefits for work-related injuries or illness.
- M. Fundraising and Marketing.** It is not our standard of practice to use your child's protected health information for fundraising and/or marketing purposes. Written authorization would be obtained from the legal guardian.

### **Your Written Authorization for Any Other Use or Disclosure of Your Child's Health Information**

Uses and disclosures of your child's protected health information that involve the release of psychotherapy notes (if any), marketing, sale of your child's protected health information, or other uses or disclosures not described in this notice will be made only with the written authorization from you, the child's legal guardian, unless otherwise permitted or required by law. The legal guardian 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 protected health information 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 Child's Health Information**

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

#### **1. Right to Access and Review**

You may request to access and review a copy of your child's 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 child's 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 child's health information is included in an Electronic Health Record, you have the right to obtain a copy of it in an electric 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 child's health information.

#### **2. Right to Amend**

If you believe that your child's 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 child's health information that you believe is incorrect or incomplete.

#### **3. Right to Restrict Use and Disclosure**

You may request that we restrict uses of your child's health information to carry out treatment, payment, or health care operations or to your family member or friend involved in your child's care, or the payment for your child's care. We may not (and are not required to) agree to your requested restrictions, with one exception: if you pay out of pocket in full for a service your child received 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.

#### **4. 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 or your child. When you submit a written request to the Privacy Officer listed on the front 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.

#### **5. Right to an Accounting of Disclosures**

You have a right to receive an accounting of disclosures of your child's 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 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 within 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.

#### **6. 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, please ask our location specific Privacy Officer.

#### **7. Right to Receive Notification of a Security Breach**

We are required by law to notify you if the privacy or security of your child's health information has been breached. The notification will occur by first class mail within 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 child's 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 the potential harm resulting from the breach, and 3) a brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches.

#### **Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information**

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. For example, a health plan is not permitted to use or disclose genetic information for underwriting purposes. Some parts of this HIPAA Notice of Privacy Practices may not apply to these types of information. If your child's treatment involves this information, you may contact our office for more information about these protections.

#### **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 your child, 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 on request. The effective date of this notice is 9/23/13.

#### **How to Make Privacy Complaints**

If you have any complaints about your child's privacy rights, or how your child's health information has been used or disclosed, you may file a complaint with us by contacting our location specific Privacy Officer 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.