



## NOTICE OF PRIVACY PRACTICES

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you, as a patient of Sparkle Dental, may be used and disclosed and how you can get access to your/your child's health information.

Please review this notice carefully.

### **PATIENT PRIVACY**

Sparkle Dental is dedicated to maintaining the privacy of your individually identifiable health information (IHI). In conducting our business, we will create records regarding you/your child and the treatment and services we provide to you/your child. We are required by law to maintain the confidentiality of health information that identifies you/your child. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in Sparkle Dental regarding your IHI. By federal and state law, we must follow the terms of the notice of privacy practices we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose you/your child's IHI
- Your privacy rights in your IHI
- Our obligations concerning the use and disclosure of your IHI

The terms of this notice apply to all records containing your IHI that are created or retained by Sparkle Dental. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that Sparkle Dental has created or maintained in the past, and for any of your records that we may create or maintain in the future. Sparkle Dental will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

### **HOW DO WE USE HEALTH INFORMATION?**

The following categories describe the different ways in which we may use and disclose your/your child's PHI.

**Treatment.** Sparkle Dental may use your PHI to treat you/your child. For example, we may ask you to have tests or procedures, and we may use the results to help us reach a diagnosis. We might use your/your child's PHI in order to write a prescription for you/your child, or we might disclose your/your child's PHI to a pharmacy when we order a prescription for you/your child. Many of the people who work for Sparkle Dental—including but not limited to, our doctors, dental assistants and dental hygienists—may use or disclose your/your child's PHI in order to treat you/your child or to assist others in your/your child's treatment. Additionally, we may disclose your/your child's PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your/your child's PHI to other health care providers for purposes related to you/your child's treatment.

**Payment.** Sparkle Dental may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your/your child's health insurer to certify that you/your child are eligible for benefits (and for what range of benefits), and we may provide your/your child's insurer with details regarding your treatment to determine if the insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your/your child's PHI to bill you directly for services and items. We may disclose your/your child's PHI to other health care providers and entities to assist in their billing and collection efforts.

**Health Care Operations.** Sparkle Dental may use and disclose your/your child's PHI to operate our business. As examples of the ways in which we may use and disclose your/your child's information for our operations, Sparkle Dental may use your/your child's PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for Sparkle Dental. We may disclose your/your child's PHI to other health care providers and entities to assist in their health care operations.

**Appointment Reminders.** Sparkle Dental may use and disclose your/your child's PHI to contact you and remind you of your/your child's appointment.

**Treatment Options.** Sparkle Dental may use and disclose your/your child's PHI to inform you of potential treatment options or alternatives.

#### **INFORMATION WE SHARE:**

There are limited times when we are permitted or required to disclose health information without your signed permission. These situations are listed below:

- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices

- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

All other uses and disclosures, not previously described, may only be made with your signed authorization. You may revoke your authorization at any time.

### **OUR RESPONSIBILITIES**

Sparkle Dental is required by law to:

- Maintain the privacy of your/your child's health information
- Provide this notice of our duties and privacy practices
- Abide by the terms of the notice currently in effect
- We reserve the right to change privacy practices and make the new practices effective for all the information we maintain. Revises notices will be available to you.

### **Receipt of Notice of Privacy Practices Written Acknowledgement Form**

I, \_\_\_\_\_ (Printed Name), have read a copy of this offices Notice of Privacy Practices.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date