

HIPAA Notice of Privacy Practices

Office of Dr. Cody

Winterholler, DDS

Effective Date: April 14, 2003

Mountain View Dental Care/Dr Cody Winterholler DDS. respects your privacy. We understand that your personal health/dental information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health/dental information for purposes of treatment and health care operations. State law requires us to get our authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For treatment:

Information obtained by a dentist, or other member of our dental care team will be recorded in your dental record and used to help decide what care may be right for you. We may also provide information to others providing you care. This will help them stay informed about your care.

For payment:

We request payment from your dental insurance plan. Dental plans need information from us about your dental care. Information provided to dental plans may include your diagnoses, procedures performed, or recommended care.

For dental care operations:

We use your dental/medical records to assess quality and improve services. We may use and disclose dental records to review the qualifications and performance of our dental care providers and to train our staff.

We may contact you to remind you about appointment and give you information about treatment alternatives or other dental-related benefits and services.

We may contact you to collect funds.

We may use and disclose your information to conduct or arrange for services, including;

medical quality review by your dental plan; . accounting, legal, risk management, and insurance services; . audit functions, including fraud and abuse detection and compliance programs.

We may use and disclose your protected health/dental information without your authorization as follows:

For Public Health and Safety Purposes as Allowed or Required by Law To Report Suspected Abuse or Neglect to public authorities. To Correctional Institutions if you are in jail or prison, as necessary for your health and the health and safety of others.

For Law Enforcement Purposes

For Health and Safety Oversight Activities

For Disaster Relief Purposes.

For Work-Related Conditions That Could Affect Employee Health To the Military Authorities of U.S. and Foreign Military Personnel.

For Specialized Government Functions.

Your right regarding Dental Information about you:

Right to inspect and copy your chart
Right to amend your chart
Right to an accounting of disclosures
Right to request restrictions
Right to request confidential communications
Right to a paper copy of this Notice (full Notice is available on request)

Changes to this Notice:

We reserve the right to change this Notice. We will post a copy of the current notice in our facility with the current effective date.

Complaints:

If you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing. Please contact our Privacy Officer to file a complaint.

Acknowledgment of Receipt of the Notice:

We may request you sign a separate form that you received this notice. This acknowledgment will become part of your record.