CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for the treatment or health care services we may provide as of the date of the change, or have provided as of a future date. If we make a change, we will post a copy of the current notice in the Practice. The notice will contain on the first page, in the top right-hand corner, the date of last revision and effective date. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave., SW, Room 509F, HHB Bldg., Washington, D.C. 20201. To file a complaint with the Practice, contact our practice Administrator, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

[Mark Holloway, Practice Administrator, can be reached at this number 706-323-3491 ext. 7654.]

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose medical information about you, we may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose the medical information for the reason of your request. We will comply with your request, but we are not required to change disclosures we have already made of medical information about you, unless you also revoke your permission, in writing, to use or disclose medical information about you. We may retain other records of your care that we provided to you.

PATIENT RIGHTS

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.

You have the following rights regarding medical information we maintain about you:

- The right to inspect and copy medical information that may be used to make decisions about you and that we are required to retain our records of the care that we provide to you.
- The right to request amendments to the medical information that may be used to make decisions about you and that we are required to retain our records of the care that we provided to you.
- The right to request restrictions on the use or disclosure of your protected health information to carry out treatment, payment, or health care operations. If you request a restriction, we will honor your request as long as it is reasonable, and we are able to do so without violating any law or regulation.
- The right to request confidential communications, which may include how or where you wish us to contact you.
- The right to request copies of this notice.
- The right to inspect and copy and to request amendments to protected health information to a health plan for purposes other than carrying out treatment (namely, payment or health care operations) if the patient pays out of pocket in full.
- The right to request that disclosures to a health plan be limited, upon request.
- The right to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.
- The right to request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. If you request confidential communications, we will honor your request, but you may be required to pay for the cost of the confidential communications.
- The right to request an accounting of disclosures. You have the right to request an accounting of disclosures. If you request an accounting of disclosures, we will provide you with an accounting of disclosures. The accounting will include the dates and approximate times of the disclosure, the nature of the information disclosed, the name and address of the recipient of the information, and any other information as required by law.
- The right to request that we restrict the use or disclosure of your protected health information to a health plan for purposes other than carrying out treatment (namely, payment or health care operations) if the patient pays out of pocket in full.
- The right to request that we limit the use or disclosure of your protected health information to a health plan for purposes other than carrying out treatment (namely, payment or health care operations) if the patient pays out of pocket in full.
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Medical Treatment. We use previously given medical information about you to provide you with current or prospective medical treatment or services. Therefore, we may, and most likely will, disclose medical information about you to doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you. For example, a doctor to whom we refer you for ongoing or further care may need your medical record.

Dental Practice also may disclose medical information about you including your record(s), prescriptions, requests of lab work and x-rays. We may also discuss your medical information with our Practice who will inquire about possible treatment options or alternatives that may be of interest to you. We also may disclose medical information about you to people outside of our Practice who may be involved in your medical care after you leave the Practice; this may include your family members, or other personal representatives authorized by you or by a legal mandate (i.e. guardian or other person who has been named to handle your medical decisions, should you become incompetent).

Payment. We may use and disclose medical information about you for services and procedures so they may be billed and/or reimbursed from you, your insurance company, any other third party. For example, we may need to give your health care information, about treatment you received at the Practice, to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like. If you pay out of pocket in full, you may request that we disclose your protected health information to a health plan.

Health Care Operations. We may use and disclose medical information about you so that we can run our Practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to provide, and where, deciding what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, dentists, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from a set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

We may also use or disclose information about you for internal or external utilization review and quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to help us collect in this case and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical records.

You may request restriction of this disclosure as stated under Right to Request Restrictions.

Appointment and Patient Recall Reminders. We may ask that you sign in writing at the Receptionists’ Desk, a “Sign In” log on the day of your appointment with the Practice. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care at the Practice or to request medical care from the Practice. This contact may be by phone, in writing, e-mail, or otherwise and may involve leaving an e-mail message on an answering machines, or otherwise which could (potentially) be received or intercepted by others.

Emergency Situations. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an internal review process and approval by the Research Committee of the Practice and its use of medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will obtain an Authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific individual. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person.

Organs and Tissue Donation. If you are an organ donor, we may release medical information about your donation and transplantation to the organ procurement organization as necessary to effectuate organ donation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Workers’ Compensation. We may release medical information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. Law or public policy may require us to disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting an communicable disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Investigation and Government Activities. We may disclose medical information to a local, state or federal agency for activities authorized by law. These activities include, for example, audits, investigations, inspections, and license hearings. These activities may be necessary for the payer, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our Practice in any actual or threatened action.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To investigate a crime, or report the identity, description or location of the person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
- About a deceased person’s death so that you may obtain an order protecting the information requested if you so desire.
- We may also use such information to defend ourselves or any member of our Practice in any actual or threatened action.

Coroner, Medical Examiners and Funeral Directors. We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information to others about patients of the Practice to funeral directors as necessary to carry out their duties.