

HIPAA PRIVACY NOTICE

THIS NOTE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. **PURPOSE** ABC Family Dentistry and its staff follow the privacy practices described in this Notice and in the Corporation's Policies and Procedures. ABC Family Dentistry keeps your information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment, all staff involved in the health care operations of ABC Family Dentistry may have access to your records.
2. **HOW YOUR INFORMATION IS USED FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS:** We will always limit the use(s), disclosure(s) and request(s) of your protected health to that which is determined to be the minimum necessary to accomplish the intended purpose. ABC Family Dentistry follows rules of regulatory agencies for the efficient and effective utilization of care. Examples of these regulatory agencies include the State of TN Dept. of Health and the Office of Medicaid.
3. **HOW YOUR PROTECTED HEALTH INFORMATION IS USED AND STORED:** Your paper dental record will be stored in a locked area when not in use and retained by ABC Family Dentistry for a minimum of seven years after your last clinical contract with us. Records for minors will be maintained until the minor attains the age seven years beyond the age of majority. After that time has elapsed, the record will be shredded or otherwise destroyed in a way that protects your privacy, except where law requires it to be kept for a longer period of time. If ABC Family Dentistry obtains electronic medical records, your clinical record will be stored on a database that is secured with physical and technical safeguards and only accessed by personnel with proper security training and clearance. In addition to those items listed in #2(TPO), and until records are destroyed, they may be used for the following purposes unless you ask for restrictions on a specific use or disclosure (instructions listed in #5):
 - a. Appointment reminders
 - b. Notification when an appointment is canceled or rescheduled by ABC Family Dentistry
 - c. As may be required by law
4. **YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES:** Except as described previously in section #3, we will not use or disclose information from your record. Once released from our practice, information disclosed according to HIPAA may be redisclosed by the recipient and may no longer be protected by HIPAA. You may revoke your permission in writing, which will be effective only after the date of your written revocation.
5. **YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:** You have the following rights regarding your health information.
 - a. Right to request restriction. You may request limitations on the information we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
 - b. Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
 - c. Right to inspect and copy. You have the right to inspect and copy your information regarding decisions about your care. However, we may charge a fee for copying, mailing, and supplies.
 - d. Right to request clarification of the record. If you believe that the information, we have about you is incorrect or incomplete, you may ask to add clarifying information. ABC Family Dentistry is not required to accept the information you propose.
 - e. Right to accounting of disclosures. You may request a list of the disclosures of your health record that have been made to persons or entities other than for treatment, payment or health care operations in the last six (6) years, but not prior to November, 2008.
 - f. Right to a copy of this Notice. You may request a copy of this Notice at any time.
6. **REQUIREMENTS REGARDING THIS NOTICE** ABC Family Dentistry is required to provide you with this Notice that governs our privacy practices. ABC Family Dentistry may change its policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for information we have about you may ask for and receive a copy of the Privacy Notice that is in effect at that time. ABC Family Dentistry will have this Notice posted.
7. **COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with ABC Family Dentistry. You will not be penalized or retaliated against in any way for making a complaint. If you have a complaint, if you have any questions about this notice, if you wish to request an additional copy of this notice, or if you wish to request restrictions on uses and disclosure for health care treatment or operations, [please contact us at 423-639-2176.](tel:423-639-2176)
I have read and understand the Privacy Notice of ABC Family Dentistry.

PATIENT/GAURDIAN SIGNATURE _____

DATE: _____