

LANEY DENTAL

4001 Colby Ave Suite 2
Everett, WA 98201
(425) 789-1726
www.laneydental.com

Notice of Privacy Practices

Our office is dedicated to protecting the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

Protecting your Personal Healthcare Information

We use and disclose the information we collect from you only as allowed by your health insurance portability and accountability act and the state of Washington. This includes issues relating to your treatment, payment, and our health care operations. Your personal health information will never be otherwise given to anyone-even family members-without your written consent. You, of course, may give written authorization for us to disclose your personal information to anyone you choose, for any purpose. Our offices and electronic systems are secure from unauthorized access and employees are trained to make certain that all the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current and future patients so, you can be confident that your protected health information will never be improperly disclosed or released.

Collecting Protected Health Information

We will only request personal information needed to provide our standard quality health care, implement payment activities, conduct normal health practice operations and comply with the law. This may include your name, address, telephone number(s), social security number, employment data, medical history, health records etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will be protected to the full extent of the law.

Disclosure of your Protected Health Information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and government officials under certain circumstances. We will not use your information for marketing purposes without your written consent.

Regarding Substance Use Disorder (SUD) Information; Although we are not a substance use disorder treatment program under federal law (a "SUD Program"), we may receive information from a SUD Program about you. We may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

Patient Rights

You have the right to request copies of your healthcare information; to request in a variety of formats; and to request a list of instances in which we, or our business associates, have disclosed your protected information or uses other than stated above. All such requests must be in writing. We may charge for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Human and Health Services.

We thank you for being a patient at our office. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.