



Sandra L. Miles D.D.S. P.A. Jaimee A. Michael D.D.S

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW TO OBTAIN ACCESS TO YOUR PHI. PLEASE REVIEW IT CAREFULLY. YOUR PRIVACY IS IMPORTANT TO US.

Information Covered By This Notice

We create and maintain records about the dental care and services you receive at Miles & Michael Dentistry. Having these records helps us to provide you with quality care and to comply with certain legal requirements. This notice applies to PHI about you that we create or receive and that identifies you. This notice tells you about the ways we may use and disclose your PHI. It also describes your rights and certain obligations we have with respect to your PHI.

We are required by law to maintain the privacy of your PHI that identifies you, give you this notice of our legal duties and privacy practices with respect to that information, and abide by the terms of our privacy notice that is currently in effect. Copies of our Privacy Notice will be posted in our office and are, at all times, available upon request.

Uses and Disclosures of Your PHI

Reasons we may use and disclose your PHI are provided with explanations and examples.

Treatment. We may use or disclose your PHI to provide you with dental treatment or services, to discuss possible treatment options, alternatives, or benefits, or to other health care professionals involved in your care. For example, a periodontist treating you for periodontal disease may need to know if you have a heart condition because it could necessitate antibiotics before treatment.

Payment. We may use or disclose your PHI so the treatment and services you receive may be billed to, and payment may be collected from, an insurance carrier or other entity. For example, we may need to give your health insurance provider information about care you received at our office so they will pay us or reimburse you for the services.

Health Care Operations. We may use or disclose your PHI in connection with a range of health care operations that are necessary to run our practice and to help ensure that our patients receive appropriate care. For example, we may use PHI to review our treatment and services and evaluate the performance of our staff of health care professionals.

Appointment Reminders. We may use or disclose your PHI when contacting you to remind you of a dental appointment. We may contact you via mail, voicemail, or email.

Disclosure to Involved Individuals. We may disclose your PHI to an individual who is involved with your care or payment for your care or to emergency entities. If you do not object, are not present, or are incapacitated, and we believe it is in your best interest, we may notify them of your location or condition or allow them to collect items or matters related to your care.

Disclosures Required by Law. We may use or disclose your PHI to the extent as required by law.

Public Health. We may disclose your PHI for certain public health activities and purposes, which generally includes preventing or controlling disease, injury or disability, reporting births or deaths, reporting child abuse or neglect, reporting adverse reactions to medications or foods, reporting product defects, notifying people of recalls of products they may be using, and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence. Under certain circumstances, we may disclose to the appropriate government authority PHI about an individual whom we believe is a victim of abuse, neglect, or domestic violence. We will make this disclosure only if you agree or to the extent required or authorized by law, and we believe the disclosure is necessary to prevent serious harm.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law, which include audits, investigations, inspections, licensure actions and other activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs, and compliance with certain civil rights laws.

Legal Actions. If you are involved in a lawsuit or other legal action, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process that is not ordered by a court, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your PHI to a law enforcement official as required by law or in response to a court order, warrant, subpoena, summons, or similar process; to identify or locate a suspect, fugitive, witness, or missing person; if you are an actual or suspected victim of a crime; to notify of your death if suspected to have resulted from criminal conduct; if we believe it shows evidence of criminal conduct; or to report a crime, including location, victims, and/or suspects related to care in response to a medical emergency.

Death. We may use or disclose your PHI to a coroner, medical examiner, or funeral director to identify a deceased person, determine the cause of death, or carry out other authorized duties.

Organ Donation. We may use or disclose your PHI to organ procurement organizations or others involved in organ, eye, or tissue donation and transplant.

Serious Threat to Health or Safety. We may use or disclose your PHI if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety. We would make such a disclosure only to someone able to help prevent or lessen the threat or, under certain circumstances, if the disclosure is necessary for law enforcement authorities to identify and apprehend an individual.

Government. If you are a member of the armed forces, we may use or disclose your PHI as required by military command authorities, to authorized federal officials to conduct certain national security activities, provide protection to the President or other authorized people, or conduct certain investigations. We may use or disclose PHI about foreign military personnel or an individual in a correctional institution to the appropriate authority.

Workers' Compensation. We may disclose your PHI to comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Other Uses. Other uses or disclosures of your PHI not discussed in this notice will be made only with your written authorization. You may revoke this authorization in writing at any time, and we will no longer use or disclose your PHI for the reasons covered. You cannot revoke past authorization for actions already taken. For example, we are unable to take back disclosures already made with your authorization.

Your Rights

Access. You may request a copy of your PHI, with limited exceptions. We will provide a form for you to do so, which will be submitted to the Officer listed at the end of this notice. We will provide a hard copy and/or other format that is readily producible and mutually agreeable. We will charge a reasonable fee for our expenses, such as staff time, postage, and copies made.

Amendments. You may ask us to amend your PHI, with a written request, including your reasoning. Under some circumstances, we may deny your request, but will provide a written response within 60 days of our receipt of your written request.

Restrictions. You may ask us to restrict uses or disclosures of your PHI, with a written request. Under some circumstances, we may not (and are not required to) agree, but will provide a written response to you. If approved, we will not violate these restrictions other than in an emergency.

Alternate Communication. You may ask to receive your PHI communications by alternative means or at an alternative location, with a written request. We will accommodate all reasonable requests.

Accounting of Disclosures. You may ask to receive an accounting of disclosures of your PHI for 6 years prior to the date of request, with limited exceptions. The first account will be provided at no charge, but a fee will be charged for each subsequent account requested within the same 12-month period. We will notify you in advance of this fee.

Hard Copy. You may request a hard copy of this notice at any time, even if you have agreed to receive the notice electronically. To obtain a paper copy, ask any office personnel.

Changes to This Notice

We reserve the right to change the terms of this notice and to make the changed notice provisions effective for all of your current or future PHI. We will promptly revise, post, and distribute a revised notice whenever there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this notice.

QUESTIONS, REQUESTS, AND COMPLAINTS:

To receive more information about our privacy practices, make a request, ask questions, or file a complaint about your privacy rights or how your health information has been used or disclosed, please contact the Privacy and Security Officer listed below.

Sandra L. Miles, DDS, PA
2802 Market Street,
Wilmington, NC 28403
910-815-0811 or Fax 910-815-0665
smilesdds@bizec.rr.com

You may also submit a written complaint to:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.,

Washington, DC 20201

Toll Free Call Center: 1-877-696-6775

We support your right to the privacy of your PHI, will gladly help you with any of your concerns, and will not retaliate against you in any way if you choose to file a complaint.