

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

GHI FAMILY DENTAL PRACTICE
PRIVACY NOTICE

Effective April 14, 2003

At GHI Family Dental Practice (“GHIFDP”), we respect the confidentiality of your health information and we will protect your information in a responsible and professional manner. We are required by federal and state law to maintain the privacy of your health information and to provide you with this notice.

This notice explains how we use information about you and when we can share that information with others. It also informs you about your rights with respect to your health information and how you can exercise these rights.

Examples of “information” or “health information” discussed in this notice can include:

- Information that we have created or received about your past, present and future medical condition that could be used to identify you;
- Information about medical treatments you have received;
- Demographic information that could possibly be used to identify you.

This notice applies to the privacy practices of GHIFDP.

HOW WE USE OR SHARE INFORMATION

We may use or share information about you for purposes of payment, treatment and health care operations including with our business associates. For example:

- ❖ **Payment:** We may use or share your information in order to bill and collect payment for the services you receive from us. For example, we may provide details concerning your treatment to your health plan or any other third party responsible for paying for services that you receive. We may use your information to bill you directly for services you receive. We may also tell your health plan or a referring provider about a proposed treatment to obtain prior approval or to determine whether your plan will cover the treatment.
- ❖ **Treatment:** We may use or share your information in order to treat you. For example, we may ask you to have laboratory tests or x-rays, and we may use the test results to help us reach a diagnosis and determine appropriate treatment. We may share your information with other health care providers who are involved in taking care of you. We might use your information to write a prescription for you and share your information with a pharmacy when we order a prescription for you.
- ❖ **Health Care Operations:** We may use and share your information so that we can operate efficiently and evaluate the quality of care our patients receive. For example, we may use your information to review our treatment and services, to evaluate the performance of our staff, to decide whether to add or eliminate services, and to determine whether new treatments are effective. We may also share your information with other providers, including students and other personnel, for review and learning purposes. We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate the provider you are seeing. We may also

call you by name in the waiting room when your provider is ready to see you.

We may also use or share information about you for internal or external utilization review and/or quality assurance activities or to conduct cost-management and business planning activities.

- ❖ **Business Associates:** We may share your information with others who help us conduct our business operations, provided they agree to keep your information confidential.

We may also use and share your information for the following other purposes:

- ❖ We may use or share your information to send you a reminder regarding an appointment or recommended health screenings.
- ❖ We may use or share your information to give you information about alternative medical treatments and programs or about health related products and services that you may be interested in.
- ❖ We may use or share your information with the employer or other health plan sponsor through which you receive health benefits. *We will not share detailed health information with your benefit plan unless they promise to keep it protected*
- ❖ We may share your information with a health plan, provider or health care clearinghouse that participates with us in an organized health care arrangement for the health care operations activities of the organized health care arrangement.
- ❖ We may share your information with a health plan, provider or health care clearinghouse that has or had a relationship with you for their health care operations. Such operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.
- ❖ We may share your information with a family member, friend or other person to the extent necessary to help with your health care or payment for your health care. We may also share information about your location, general condition or death to notify, or help notify (including identifying and locating), a person involved with your care or to help with disaster relief efforts. Before we share this information, we will provide you with an opportunity to object. If you are not present, or in the event of your incapacity or an emergency, we will share your information based on our professional judgment of whether the disclosure would be in your best interest.

There are also state and federal laws that allow or may require us to release your health information to others. We may share your information for the following reasons:

- We may report information to state and federal agencies that regulate us such as the U.S. Department of Health and Human Services and the New York State Department of Health.
- We may share information for public health activities. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- We may report information to public health agencies if we believe there is a serious health or safety threat.
- We may share information with a health oversight agency for certain oversight activities (for example, audits, inspections, licensure, and disciplinary actions).
- We may provide information to a court or administrative agency (for example, pursuant to a court order, search warrant or subpoena).
- We may report information for law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.

- We may report information to a government authority regarding child abuse, neglect or domestic violence.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.
- We may use or share information for procurement, banking or transplantation of organs, eyes or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others, and to correctional institutions and in other law enforcement custodial situations.
- We may report information on job-related injuries because of requirements of your state worker compensation laws.
- Under certain circumstances, we may share information for purposes of research.

If one of the above reasons does not apply, **we must get your written authorization to use or disclose your health information.** If you give us written authorization and change your mind, **you may revoke your written authorization at any time.** Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information.

YOUR RIGHTS

The following are your rights with respect to the privacy of your health information. If you would like to exercise any of the following rights, please contact us in writing at: GHI Family Dental Practice, 1873 Western Avenue, Suite 200, Albany, NY 12203, Attention: Business Manager. You may also call us at **1-518-869-1044**, Monday through Friday, from 7:15 am to 4:15 pm.

- ❖ ***You have the right to ask us to restrict*** how we use or disclose your information for treatment, payment, or health care operations. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. *Please note that while we will try to honor your request, we are not required to agree to these restrictions.*
- ❖ ***You have the right to ask to receive confidential communications*** of information. You can ask us to send the information to an alternative address or by alternative means, such as by fax. We may require that your request be in writing and specify the alternative means or location. We will accommodate reasonable requests. You do not need to give a reason for your request.
- ❖ ***You have the right to inspect and obtain a copy*** of information that we maintain about you in your designated record set. A “designated record set” is the group of records used by or for us to make decisions about your care. This can include your medical and billing records. We may require that your request be in writing. We will respond to your request no later than 30 days after we receive it if we maintain the information requested on-site. If we are unable to respond within 30 days, we may extend that time for no more than an additional 30 days provided that we give you a written statement of the reasons for the delay and the date by which we will respond. For information we do not maintain on-site, we will respond no later than 60 days from the receipt of such request. We may charge a fee for copying information or preparing a summary or explanation of the information.

We may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and, if required by applicable federal or state law, provide you with a right to have the denial reviewed.

You do not have the right to inspect or obtain a copy of the following types of information:

- Information contained in psychotherapy notes;
 - Information compiled in reasonable anticipation of, or for use in, a civil criminal or administrative action or proceeding; and
 - Information subject to certain federal laws governing biological products and clinical laboratories.
- ❖ ***You have the right to ask us to amend*** information we maintain about you in your designated record set. We may require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than 30 days. If we need this extension, we will notify you of the reasons for the delay and the date by which we will complete action on your request.

If we make the amendment, we will notify you that it was made. We will also provide the amendment to any person that we know has received your health information and to other persons identified by you.

We may deny your request for an amendment if we did not create the information that you want amended and the originator remains available or for certain other reasons. If we deny your request, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to reply to your statement. However, you have the right to request that your written request, our written denial and your statement of disagreement be included with your information for any future disclosures.

- ❖ ***You have the right to receive an accounting*** of certain disclosures of your information made by us during the six years prior to your request. We may require that your request be in writing. We will act on your request for an accounting within 60 days. We may need additional time to act on your request, and therefore may take up an additional 30 days. Your first accounting will be free, and we will continue to provide to you with one free accounting upon request every 12 months. However, if you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

Please note that the accounting will not include the following information:

- Any information collected prior to April 14, 2003.
- Information disclosed or used for treatment, payment, and health care operations purposes.
- Information disclosed to you or pursuant to your authorization.
- Information that is incident to a use or disclosure otherwise permitted.
- Information disclosed to persons involved in your care or other notification purposes.
- Information disclosed for national security or intelligence purposes.
- Information disclosed to correctional institutions or law enforcement officials.
- Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

EXERCISING YOUR RIGHTS

- You have the right to receive a paper copy of this notice upon request when you visit our offices for treatment or health care services. We must abide by the terms of this notice. However, we reserve the right to change our privacy practices and the terms of this notice at any time (provided such changes are permitted by applicable law) and to make such changes effective for all health information we maintain. When we make a material change to our privacy practices, we will change this notice post a copy of the current notice in our offices. Each time you visit our offices for treatment or health care services, you may request a copy of the current notice.
- If you have any questions or would like further information about this notice or about how we use or share information, please contact: GHI Family Dental Practice, 1873 Western Ave., Suite 200, Albany, NY 12203, Attention: Business Manager. You may also contact the Business Manager by calling **1-518-869-1044**, Monday through Friday, from 7:15 am to 4:15 pm.
- If you believe that we may have violated your privacy rights, you may file a complaint with us by contacting: GHI Family Dental Practice, 1873 Western Ave., Suite 200, Albany, NY 12203, Attention: Business Manager. You may also contact the Business Manager by calling **1-518-869-1044**, Monday through Friday, from 7:15 am to 4:15 pm.

You may also notify the Secretary of the U.S. Department of Health and Human Services at the Office for Civil Rights, U.S. Department of Health and Human Services.

We will take no action against you for filing a complaint.