

Carmel Valley Family Dental

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND /OR DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE READ CAREFULLY AS THE PRIVACY OF YOUR HEALTH INFORMATION IS VERY IMPORTANT TO US

I. DENTAL PRACTICE COVERED BY THIS NOTICE

This notice describes the privacy practices of *CARMEL VALLEY FAMILY DENTAL*

II. HOW TO CONTACT OUR OFFICE

Carmel Valley Family Dental, 16 Ford Rd. Carmel Valley, Ca. 93924

P: (831) 204-2101 F: (831) 298-7256 Website : mycvdental.com Email: mycvdental@gmail.com

III. OUR PROMISE TO YOU AND OUR LEGAL DUTY

The privacy of your health information is important to us. We understand that your health information is personal/private and we are committed to protecting it. This notice describes how we may use and disclose your protected health information to carry out treatment, payment, health care operations, and the use of purpose required by law. It also describes your rights to access and control your protected health information. The information we are protecting includes demographic information that may identify you and relates to your present, past and/or future physical and mental health or condition and related health care services.

We are required by law to:

- Maintain the privacy of your protected health information.
- Give you notice of our legal duties and privacy practices with respect to that information
- Abide by the terms of our notice that is currently in affect

IV. HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

The following examples describe different ways we may use or disclose your health information. These examples are not exhaustive. We are permitted by law to use or disclose your health information for the following purposes.

- 1. Treatment.** We may use your health information to provide you with dental treatment, services, and/or procedures. We may disclose health information as needed to dental specialists, physicians, and/or other health care professionals involved in your care.
- 2. Payment.** We may use and disclose your health information to obtain payment from health insurances and/or other financial institutes.
- 3. Healthcare operations.** We may use and disclose health information about you in connection with healthcare operations necessary to run our practice, including but not limited to review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters and business planning and development.
- 4. Appointment reminders.** We may use your or disclose your health information to provide you with appointment reminders, such as, but not limited to; phone messages, email, postcards, and/or letters.

5. **Family and guardians.** We may disclose your health information to family members and/or guardians who are *authorized* to be involved in your care. This may include but not limited to decisions regarding finances and/or health related concerns with or without your presence.
6. **Marketing and health related services.** We will not use your health information for marketing communications without your written authorization.
7. **Use required by law.** We may use or disclose health information when we are required/obligated to do so by law.
8. **Abuse and/or neglect.** We may use or disclose your health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, an/or domestic violence.
9. **Threat to health and/or safety.** We may use or disclose your health information if we reasonably believe it is necessary to do so to prevent or lessen a serious threat to anyone's health and/or safety.
10. **Public health activities.** We may disclose your health information for public health purposes, which include but limited to; preventing and/or controlling disease, injury or disability, reporting births or deaths, reporting adverse reactions to medications or food, reporting product defects, enabling product recalls, and notifying proper authorities of who may have been exposed to disease or may be at risk for contracting or spreading a disease and/or condition.
11. **County health oversight activities.** We may disclose your health information to health oversight agencies for activities necessary for the government to provide appropriate information to the healthcare system, certain government benefit programs, and/or compliance with civil right laws.
12. **Research and/or donation purpose.** We may use or disclose your health information for research purposes pursuant to patient authorization waiver approval by an institutional review board or privacy board. In addition, we may also disclose health information to organizations that involve and/or obtain cadaveric organs, and/or tissue for donation or transplant.
13. **Medical examiners and/or anyone in this field required to carry out their duties.** We may disclose your health information to a coroner, medical examiner , and/or funeral director, allowing them to carry out their required duties.
14. **Legal purposes.** We may use or disclose your health information in response to a court or administrative order, a subpoena, and/or a discovery request.
15. **Law enforcement.** We may disclose your health information to law enforcement officials for law purposes. This includes, but not limited to locating a suspect, material witness, and/or alerting law enforcement of a crime.
16. **Government purpose.** We may disclose your health information to military authorities of *Armed Forces* personnel under certain circumstances. Furthermore, disclose your health information to authorized federal officials required for lawful intelligence, counterintelligence, and other national security duties. This may also include but not limited to correctional institutions of protected health information of inmates and/or patients under certain circumstances.
17. **Worker's compensation.** We may disclose your health information to comply with worker's compensation laws and/or similar programs that provide benefits for work-related injuries or illness.

V. WRITTEN AUTHORIZATION SIGNED BY YOU (PATIENT) AND/OR GUARDIAN

In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us *written authorization* to use your health information or disclose it to anyone for any purpose. If and/or when you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it's in effect. We intend to meet the requirements by law and will protect your health information.

VI. YOUR RIGHTS

Please read and review the following as it pertains information set forth by law and as defined by *HIPAA*

- 1. Access.** You have the right to look and/or retrieve copies of your health information with certain limited exceptions. You may request that we provide health information by the form of paper or electronically only to you. In addition to providing your health information, we may also charge a fee at a reasonable cost for expenses and staff time.
- 2. Amend.** You have the right to request an amendment to your health information if you reasonably believe that it is incorrect and/or incomplete. This request must be in writing and include reasoning. We may deny your request under certain circumstances.
- 3. Restrictions.** You have the right to request additional restrictions for the use and disclosure of your health information. We are *not required* by law and *may not* agree to your request for restrictions.
- 4. Alternative means, communication, and/or location.** You have the right to request that we communicate with you by alternative means and/or an alternative location. We will accommodate such requests (in *writing*) if it is indicated that communicating by regular means will endanger you and your safety.

VII. QUESTIONS AND/OR COMPLAINTS

If you want more information on the uses and disclosures of your health information, you may contact us at the address, phone number, and email above.