

PRIVACY POLICY

We are required by applicable federal and state law to maintain the privacy of your Personal Health Information (PHI). PHI is any information about you that identifies you as well as your related healthcare services. This Privacy Policy describes how we may use or disclose your PHI to provide treatment, obtain payment, conduct healthcare operations or for other purposes that are required by law. This notice takes effect on December 4, 2013 and was modified on September 29, 2014; it will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by law. You may request a copy of our notice at any time.

TREATMENT We may disclose your PHI to provide, coordinate or manage your orthodontic care and related services. This includes the coordination or management of your healthcare by a third party. For example, we may give your PHI to your dentist or a specialist to whom you have been referred in order to ensure that he or she has the necessary information to diagnose or treat you. As another example, we often share your XRAYs with your dentist and keep him or her updated with information about your treatment progress.

HEALTHCARE OPERATIONS We may use or disclose your PHI to support our business activities. These activities include quality assessment and improvement activities, reviewing the competence or qualifications of our professional staff, conducting training programs, accreditation, certification, research, publication in professional journals, licensing or credentialing, or conducting and arranging business activities. We will ask you to sign in at the registration desk and then call you by name in our reception area. We may contact you by various means (telephone, email, text) to remind you of an upcoming appointment and may leave a message to remind you of an upcoming appointment, schedule a new appointment or to call the office. We may also mail a letter or appointment reminder postcard to your home address.

FAMILY We must disclose your PIF to you, as described in the Patients' Rights section of this notice. We may disclose your health information to a family member, provided his or her name is listed on Patient Privacy Authorization Form as an Authorized person.

REQUIRED BY LAW We may use or disclose your PHI under the following circumstances without your authorization. These include but are not limited to: Public health issues, communicable diseases, health oversight, abuse or neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, coroners, funeral directors, medical research, criminal activity, military activity, national security, or Workers' Compensation.

PAYMENT Your PHI will be used, as needed, to obtain payment for orthodontic services. For example, your PHI (to include your diagnosis, procedures and appliances necessary for your treatment) will be sent to your insurance provider to obtain your insurance benefit.

BUSINESS ASSOCIATES We may enter into contracts with persons or entities known as business associates that provide services on our behalf. Examples of business associates include our accountants, consultants and attorneys. We may disclose your PIF to our business associates so they can perform the job we have asked them to do, once they have agreed in writing to safeguard your information.

STORAGE OF RECORDS We will store your records in a secure facility for a period of 7 years.

MARKETING We do place your initial and final photos on our bulletin board and/or social media noting your first name only unless you note otherwise on the authorization form. We do note the first name of our contest winners on our website. We do not sell our patient list for marketing purposes.

PATIENTS' RIGHTS

ACCESS You have the right to look at or get copies of your PIF, with limited exceptions. You must make a request in writing to obtain access to your PIF. If you are not a patient with a contract, we will charge you for this service, but as a patient here, we will not charge you for expenses provided your request is less than once per 12- month period. You may also request that we amend your PHI, although we may deny your request under certain circumstances.

DISCLOSURE ACCOUNTING You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last 6 years. If you request this accounting more than once in a 12- month period, we may charge you a reasonable fee.

RESTRICTION You have the right to request that we place an additional restriction on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency.)

BREACH You have the right to be notified following a breach in security of your PHI.

COMMUNICATION You have the right to request to receive confidential communications from us.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

Contact Officer: Sally Barker

Telephone: 518-561-4040