



Notice of Privacy Practices

Effective date: September 23, 2013

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

OUR COMMITMENT TO YOUR PRIVACY

We care about our patients' privacy and always strive to maintain the confidentiality of your protected health information (PHI). Federal legislation requires that we issue this official Notice informing you of our legal duties and the privacy practices we maintain. We are required to abide by the terms of the Notice of Privacy Practices currently in effect, and to notify you promptly if a breach occurs that may have compromised the privacy or security of your information. If you have any questions about this Notice, please contact this practice's Privacy Officer:

21050 N Tatum Blvd, Ste D202, Phoenix, AZ, 85050
P: 480.419.2222 E: privacy@northvalleysmiles.com

WHO WILL FOLLOW THIS NOTICE

Any healthcare professional authorized to enter information into your medical record, all employees, staff, and other personnel at this practice who may need access to your PHI must abide by this Notice. All subsidiaries, business associates (e.g., insurance companies), sites and locations of this practice may share medical information with each other for the purposes of treatment, payment, or healthcare operations as described in this Notice.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe different ways that we typically use and share your PHI without your specific consent or authorization. Not every possible use or disclosure in a category is listed.

For Treatment. We may use or disclose PHI about you to your dentist, physician, or other healthcare professional in order to gain information and/or input that would help us in planning and/or providing treatment to you.

For Payment. We may use or disclose PHI about you to bill and obtain payment for treatment and services we provide to you. Example: We may need to send PHI, such as your name, address, office visit date(s), and codes identifying your diagnosis and treatment to your insurance company, or another third party, so that they will process a claim for reimbursement on your behalf.

For Healthcare Operations. We may use or disclose PHI about you to run our practice, contact you when necessary, assure quality assessment and improvement activities, and licensing or credentialing activities.

Other special uses or disclosures that can be made without your specific consent or authorization:

- ★ To a family member, friend, or other person involved in your care to the extent necessary to help with your healthcare or with payment of your healthcare. We may use our professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up medical supplies, x-rays, or other similar PHI on your behalf.
- ★ **Public health and safety issues.** In preventing or reducing a serious threat to any person's health or safety, in reporting adverse reactions to medications or product recalls, and in situations of suspected abuse, neglect, or domestic violence.
- ★ **To conduct healthcare research.**
- ★ To a coroner, medical examiner or funeral director when an individual dies, or with organ procurement organizations
- ★ **Government requests.** From law enforcement agencies, authorized health oversight agencies, special government functions such as military, national security, and presidential protective services, and for the processing of workers' compensation claims.
- ★ **Lawsuits and legal actions.** In response to a court or administrative order, or subpoena.
- ★ **To comply with any other federal, state, or local laws.**
- ★ We may call you by name in our reception area, front desk, and treatment area.
- ★ We have an answering machine where messages might possibly be overheard.

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object, we always use professional judgment to determine whether the disclosure is in your best interest. Only the minimum information needed to accomplish any task will be shared.

Uses/ Disclosures of Protected Health Information Requiring Your Written Authorization

We will never sell your PHI or contact you for the sole purpose of fundraising efforts. Other uses and disclosures of your PHI not covered by this Notice or permitted by applicable law will be made only with your written authorization. If you give us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will thereafter no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your authorization, and that we are required to retain our records of the care we have provided to you.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR PHI

Right to Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment or healthcare operations, or to someone who is involved in your care or payment for your care. We are not required to agree to your request, but if we do agree we must abide by your request (except as required by law or in case of emergency). If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will abide by your request unless otherwise required by law. To request a restriction, you must submit one in writing to this practice's Privacy Officer.

Right to Confidential Communications. You have the right to request how we should send communications to you about medical matters, and where you would like those communications sent. To request a type of confidential communication, you must make a written request to this practice's Privacy Officer. Your request must specify how or where you wish to be contacted; you do not need to give the reason for your request. We will accommodate all reasonable requests, but we reserve the right to deny a request if it imposes an unreasonable burden on the practice.

Right to Access. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your care. Usually this includes your medical and billing records, but not psychotherapy notes. To inspect and/or obtain a copy of your PHI, you must submit a written request to this practice's Privacy Officer. We will use the format you request (*i.e.*, electronic or paper), unless we cannot practicably do so. We reserve the right to charge a nominal fee to cover the costs of copies, postage, labor, and other supplies associated with fulfilling your request. We may deny your request to inspect and/or copy in certain, very limited circumstances. If you are denied access to your PHI, you may request a review of that denial. Another licensed healthcare professional, chosen by this practice, will conduct a review of your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of that review.

Right to Amend. If you feel the PHI we have about you is incorrect or incomplete, you may ask us to amend that information so long as the information is kept by us. To ask for an amendment, a written request must be made and submitted to this practice's Privacy Officer. You must also provide a reason that supports your request for the amendment. We will deny your request if it is not in writing or if it does not include a reason to support your request. In addition, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete, (b) not part of the PHI kept by this practice, (c) not created by us, unless the individual or entity that created the information is not available to amend it; or (d) not part of the information which you would be permitted to inspect and/or copy. If we deny your request to amend, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

Right to an Accounting of Non-Standard Disclosures. You have the right to request a list of the instances in which we disclosed your PHI for purposes other than treatment, payment, healthcare operations, or certain other disclosures (such as any you asked us to make), and why the disclosure was made. To get this list, you must submit your request in writing to this practice's Privacy Officer. You must state the time period of interest that is no longer than six (6) years from the date of your request. We will provide one accounting a year at no cost to you; we reserve the right to charge a reasonable cost-based fee for responding to additional requests within the same 12-month period.

Right to a Paper Copy of this Notice. The current version of this Notice is always available on our website at <http://northvalleysmiles.com/new-patients/why-north-valley-orthodontics/>. To obtain a paper copy of the current Notice, please ask.

Complaints. If you believe your privacy rights have been violated, you may file a complaint, in writing, with this practice's Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. We support your right to the privacy of your PHI; you will never be penalized or discriminated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information (PHI) we maintain, past, present and future. Should we change our privacy practices, we will always post a copy of the current Notice on our website, with the effective date under the title of the first page.