



DARCY A. WAKEFIELD, DDS, LLC
Family & Cosmetic Dentistry
951 Steubenville Ave.
Cambridge, Ohio 43725
740-435-3100

NOTICE OF PRIVACY PRACTICES

Effective Date: June 16, 2008

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

If you have any questions about this notice, please ask the front office staff or contact Dr. Wakefield's office at
740-435-3100

WHO IS COVERED BY THIS NOTICE

This notice describes the dental practice of Darcy A. Wakefield, DDS, LLC.

Dr. Wakefield and staff may share health information with each other for treatment, payment or health system operations purposes described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

We are required by law to:

- make sure that your health information is kept private;
- give you this notice of our legal duties and privacy practices; and
- follow the terms of this notice currently in effect.

We understand that your health information is personal. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. We are committed to protecting this information.

This notice will tell you about:

- the ways in which we may use and disclose your health information;
- your rights; and
- our obligations regarding the use and disclosure of health information.

HOW MAY WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or share your health information in certain ways. We will explain how and when we may use or share your health information. We are not able to list each specific way we may use or share your health information, but each situation will fall into one of the basic categories:

- ▶ **For Treatment.** Its important that we are able to use or share your information to treat you. We may share your information with doctors, nurses, assistants, dental hygienist, or other personnel who are involved in taking care of you. Staff members also may share health information about you in order to coordinate the different things you need, such as prescriptions or x-rays. We may share your information with health care providers outside of Dr. Wakefield's practice for your treatment.

For example, a dentist treating you may need to contact your medical doctor regarding your recent heart condition. Or a health care provider may need to know about any drug allergies that you have in order to provide you with appropriate medication.

- ▶ **For Payment.** We may use or share your health information so that we are paid for by the services provided. We may share information with another provider so that they may be paid for services as well. We may bill, and share information with other providers, an insurance company, you, or a third party. For example, we may need to give your health plan information about your diagnosis and treatment so that your health plan will pay us or reimburse you for the care we provided. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also share your health information in order to facilitate payment to another provider who has participated in your care.

- ▶ **For Health Care Operations.** We may use and share your health information for Dr. Wakefield's practice operations. These uses and disclosures are necessary for business operations to make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. We may review and evaluate your health information with health information from others to compare how we are doing and see where we can make improvements in the care and services we offer.
- ▶ **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment at Dr. Wakefield's office. We currently use an automated telephone call for your appointment reminder 48 hours in advance of your appointment. Information may also be sent in the mail via letter or postcard.

If you do not wish to receive appointment reminders, or wish to be contacted at a certain telephone number, please contact Dr. Wakefield's office at 740-435-3100.

- ▶ **Health Related Benefits and Services.** We may use and disclose health information to tell you about treatment options, health-related benefits, or services that may be of interest to you.
- ▶ **Individuals Involved in Your Care or Payment for Your Care.** We may release information about you to a family member or other designated person who is involved in your care. We may also give information to someone who helps pay for your care. For example, we may need to tell the person who comes with you to an appointment what he or she may need to do to help you once you get home. In the event of an emergency, we may need to use or share information about you in order to inform a your family or persons responsible for your care where you are and your condition.

SPECIAL SITUATIONS: Additional uses and disclosures for which authorization or opportunity to agree or object is not required by federal privacy rules.

- ▶ **As Required by Law.** We may use or disclose your health information without your written authorization if we require to do so by federal, state or local law. Any disclosure will be strictly limited to the requirements of the law.
- ▶ **To Avert a Serious Threat to Health or Safety.** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.
- ▶ **Workers' Compensation.** We may release medical information to Workers' Compensation, as required by workers' compensation laws. This program provides benefits for work-related injuries or illness.
- ▶ **Public Health Risks.** As required by law, we may disclose certain health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability; and/or reporting disease or infection exposure.
- ▶ **Victims of Abuse, Neglect, or Domestic Violence.** We may disclose certain health information to government agencies authorized by law to receive reports of abuse, neglect, or domestic violence if we believe that you have been a victim.
- ▶ **Health Oversight Activities.** We may disclose certain health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

- ▶ **Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administration or judicial proceeding, such as in response to a court order.
- ▶ **Law Enforcement.** We may release health information to a law enforcement official if required by law.
- ▶ **Deceased Person Information.** We may release health information to a coroner or medical examiner, or a funeral director as necessary to carry out their duties as required or permitted by law.
- ▶ **Specialized Government Functions.** We may release health information about you to authorized federal officials for national security and intelligence, military, or veteran's activities required by law.
- ▶ **Secretary of the Department of Health and Human Services.** We may be required to disclose health information without your written authorization to the Secretary of the Department of Health and Human Services when directed to do so in order to review our compliance with federal privacy rules.

USE OF HEALTH INFORMATION THAT REQUIRE AUTHORIZATION

In all other situations (situations that are not treatment, payment, operations or special situations), we may only share information with your specific written authorization.

You may revoke that authorization, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization, except to the extent that we already have used or disclosed your information.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although our business record consist of your health information or designated record set, which includes information we used to make decisions about your care, and is the property of Darcy A. Wakefield, DDS, LLC, the information contained in those records is your information, and you have certain rights regarding that information.

You have the following rights regarding health information we maintain about you. If you wish to exercise any of these rights, please send or submit a written request to Darcy A. Wakefield, DDS, LLC, 951 Steubenville Ave. P.O Box 1751, Cambridge, Ohio 43725

- ▶ **Rights to Review and Obtain a Copy.** You have the right to inspect and obtain a copy of health information that may be used to make decisions about your care.

Usually, this information includes treatment and billing records, but does not include psychotherapy notes, information compiled for use in or created in anticipation of civil, criminal or administrative action or proceeding, or certain lab test results subject to the Clinical Laboratories Improvement Act of 1988.

You must submit a request for your health information in writing to Darcy A. Wakefield, DDS, LLC, 951 Steubenville Ave. P.O Box 1751, Cambridge, Ohio 43725

- ▶ **Right to Appeal a Denial of Access to Health Information.** You have the right to access your health information. There are some limitations on that right. If for clear treatment reasons your health provider has determined that access to your health information is likely to have an adverse effect on you, the health care provider shall provide the record to a practitioner designated by you to help you with review of the information.

Your access is limited to your designated record set. Your designated record set is information we used to make decisions about your care. It does not include:

- information compiled for use in or created in anticipation of a civil, criminal or administrative action or proceeding, or
- certain lab test results subject to the Clinical Laboratories Improvement Act of 1988, or
- other types of information that we did not use to make decisions about your health care.

► **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is maintained. We may deny your request if you ask to amend information that:

- is not part of information which you would be permitted to inspect and copy; or
- we believe is accurate and complete.

Submit your request to Darcy A. Wakefield, DDS, LLC 951 Steubenville Ave. P.O Box 1751, Cambridge, Ohio 43725. Your request must be made in writing and include a reason that supports your request.

► **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” An accounting of disclosures is a list of the disclosures we made to others of health information about you that are not related to treatment, payment, health care operations, certain disclosures required by law to be kept confidential or disclosure you specifically authorized.

You must submit your request in writing to Darcy A. Wakefield, DDS, LLC 951 Steubenville Ave. P.O Box 1751, Cambridge, Ohio 43725. Your request must:

- tell us the calendar dates that you want to see. The time period cannot include more than six years of information, and cannot begin prior to June 16, 2008
- indicate in what form you want the list (paper copy or electronic).

► **Right to Request Restrictions.** You have the right to request restrictions or limitation on the health information we use or disclose about your treatment, payment, or health care operations. **We are not required to agree with your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must make your request for any restrictions in writing to Darcy A. Wakefield, DDS, LLC, 951 Steubenville, Ave, P.O Box 1751, Cambridge, Ohio 43725. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

► **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

You must make your request for confidential communications in writing to Darcy A. Wakefield, DDS, LLC, 951 Steubenville Ave., P.O Box 1751 Cambridge, Ohio 43725. While we are not required to agree with your request, we will try to accommodate all reasonable requests. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, be sure to provide an appropriate number.

► **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Contact a member of the office staff for a copy. If you have any questions about how to access this information, please ask the front office staff or contact Dr. Wakefield's office at 740-435-3100.

CHANGES TO THIS NOTICE

We reserve the right to change the notice. We reserve the right to make the revised or changed notice effective for health information er already have about you as well as any information we receive in the future. Current copies of this notice will be available at our office. The effective date of this notice will be posted on the top of the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Darcy A. Wakefield, DDS, LLC, 951 Steubenville Ave., P.O Box 1751, Cambridge, Ohio 43725 or with the U.S Office of Civil Rights, Washington, DC. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**