

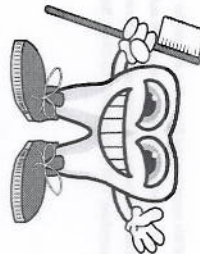
**Holly Springs Family Dentistry**  
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**NOTICE OF  
PRIVACY PRACTICES**

**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.**

Our goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to: (1) maintain the privacy of medical information provided to us; (2) provide not of our legal duties and privacy practices, and (3) abide by the terms of our Notice of Privacy Practices currently in effect.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the practices of our employees and staff as well as other health professionals, physicians, and insurance companies, or any other entity that would be in contact with our office. In addition, these individuals, entities, sites, and locations may share medical information with each other for treatment, payment or hospital operation described in this notice.

**INFORMATION COLLECTED ABOUT YOU**

In the ordinary course of recovering treatment and health care services from us, you will be providing us with personal information such as:

- 1-Your name, address and phone number and social security number;
  - 2-Information relating to your medical history;
  - 3-Your insurance information and coverage;
  - 4-Information concerning your doctor, nurse, or other medical professionals.
- In addition, we will gather certain medical information and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your "circle of care," such as the referring physicians, your other doctors, your health plan, family members and close friends.

**HOW WE MAY USE AND DISCLOSE  
INFORMATION ABOUT YOU**

We may use and disclose personal and identifiable health information about you for a variety of purposes. All of the types of uses and disclosures on information are described below, but not every use or disclosure in a category is listed.

**REQUIRED DISCLOSURES.**—We are required to disclose health information about you to the Secretary, Health and Human Service, upon request, to determine our compliance with (HIPAA) and to you, in accordance with your right to access and the right to receive an accounting of disclosures, as described below.

**FOR TREATMENT.**—We may utilize health information about you in your treatment. For example, we may use your medical history, such as any presence or absence of diabetes, to access the health of your eyes.

**FOR PAYMENT.**—We may use and disclose health information about you to bill our services and to collect payment from you or your insurance company. For example, we may need to give payer information about your current medical condition so that it will pay for your examinations or other services that we have furnished you. We may also need to inform your payer of the treatment you are going to receive or to obtain prior approval or to determine whether services are covered.

**FOR HEALTH CARE OPERATIONS.**—We may use and disclose information about you for the general operations of our business. For example, we sometimes arrange for auditors or other consultants to review our practice and evaluate our operations, and review with us any way to improve our services. Or, for example, we may use and disclose your health information to review the quality of services provided to you.

**PUBLIC POLICY USE AND DISCLOSURES**

There are a number of public policy reasons why we may disclose information about you, which is described below:

1. We may disclose health information about you when we are required to do so by federal, state, or local law.
2. We may disclose health information (PHI) about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health department authority, which has authority to collect or receive personal health information (PHI) for purposes of preventing or controlling disease, injury, or disability, or a direction of the public health authority, to an official of a foreign government that is acting in collaboration with a public health authority. Public health authorities include state health departments, the Center for Disease Control and the Food and Drug Administration and the Environmental Protection Agency, to name a few.
3. We are also permitted to disclose protected health information (PHI) to a public health authority and other government agency, authorized by law to receive reports of child abuse or neglect. Additionally, we may disclose protected health information (PHI) to a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems or geological product deviations, to track products, to enable recalls, repairs or replacements; or to conduct post marketing surveillance. We may also disclose a patient's health information to a person that may have been exposed to a communicable disease or to an employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether an individual has a work related illness or injury.

4. We may disclose a patient's health information when we reasonably believe a patient is a victim of abuse, neglect, or domestic violence and the patient authorized the disclosure or it is required or authorized by law.

5. We may disclose health information about you in connection with certain health oversight activities of licensing and other health oversight agencies, which are authorized by law. Health oversight activities include audit investigation, inspection, licensure or disciplinary action, and civil criminal, or administrative proceeding or action or any other activity necessary of:

- The health care systems
- Governmental benefit programs for which information is relevant to determining beneficial eligibility
- Entities subject to governmental regulatory programs for which health information is necessary for determining compliance program standards, or
- Entities subject to civil rights laws for which information is necessary for determining compliance

with

**DISCLOSERS TO PERSONS ASSISTING IN YOUR CARE OR PAYMENT FOR YOUR CARE**

**YOUR CARE**

We may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that you are a part of, your circle of care, such as your spouse, your parents, your siblings and other doctors involved with your care or an aide who may be providing services to you. We may also use and disclose health information about a patient to disaster relief efforts and to notify persons responsible for a patient's care about a patient's location, general condition, or death. Generally, we will obtain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency, situation, we may make these uses and disclosures without your agreement.

**APPOINTMENT REMINDERS**

We may use and disclose medical information to contact you as a reminder that you have an appointment or to remind you to schedule an appointment.

**TREATMENT ALTERNATIVES**

We may use and disclose your personal information in order to inform you about or recommend to you possible treatment options, alternatives, or health-related services that may be of interest to you.

**OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION**

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke this permission, in writing at any time. If you revoke your permission, we will no longer disclose personal information about you for the reasons covered by your written authorization except to the extent we have already relied in your original permission.

**INDIVIDUAL RIGHTS**

You have the right to ask for restrictions on the way we use and disclose your health information for treatment, payment and health care operation purposes. You may also request that we limit your disclosures to persons assisting in your care or payment for your care. We will consider your request, but we are not required to accept it.

You have the right to request that you receive communications containing your protected health information from us by alternative means or to other locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and copy medical, billing and other records used to make decisions about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

**OUR BUSINESS ASSOCIATES**

We sometimes work with outside individuals and business associates who help us operate our business successfully. We may disclose your health information to these individuals in order for them to perform their hired tasks. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.

6. We may release a patient's health information to:  
--A coroner or medical examiner to identify a deceased person or determine the cause of death.  
--Funeral directors  
--An organ procurement organization, transplant center, and eye or tissue bank if you are an organ donor.

8. We may release your health information to worker's compensation or similar programs, which provide benefits for, work related injuries, or illnesses without regard to fault.

9. Health information about you also may be disclosed when necessary to prevent a serious threat to your health and safety or the health safety of others.

10. If you are a member of the Armed Forces, we may release health information about you for your activities deemed necessary by military command authorities. We also may release health about foreign military personnel to their appropriate foreign authority.

11. We may disclose your protected health information (PHI) for legal administrative proceedings that may involve you. We may release such information upon order of a court or an administrative tribunal.

12. We may also release protected health information (PHI) in the absence of such an order in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

13. If you are an inmate, we may release protected health information (PHI) about you to a correctional institution where you are incarcerated or law enforcement officials in certain situations such as where the information is necessary for your treatment, health, safety of others.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.

You have the right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list of uses and disclosures for your treatment, payment for services furnished to you, our health care operations, disclosures to you, disclosures you give us or authorization to make and uses and disclosures before April 14, 2003, among others. If you ask for this information from us more than once every (12) months, we may charge a fee.

You have the right to a copy of this notice in paper form. You may ask for a copy any time. When making a request for an amendment to your records, you must date your request and state the reason for making this request. If you have any complaints concerning our privacy practices, please contact us or you may e-file your complaint with HIPAA compliant, 7500 Security Blvd., C5-24-04, Baltimore, MD 21244

**I have read and understand The Notice of Privacy Practices.  
Any questions I had were answered regarding this document.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**