

# Joint Notice of Privacy Practices

This is a Joint Notice of Privacy Practices for

## Polish Dental Center (PDC), GA

**Purpose:** This joint Notice of Privacy Practices ("Notice") presents the information that Federal law requires us to give out patients regarding our privacy practices.

We must provide this Notice to each patient beginning no later than the date of our first service delivery to the patient, including service delivered electronically, after April 14, 2003. We must make a good faith attempt to obtain written acknowledgment of receipt of the notice from the patient. We must also have the Notice available at the office for patients to request to take with them. We must post the notice in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read the Notice, and on our website. Whenever the Notice is revised, we must make the Notice available upon request on or after the effective date of revision in a manner consistent with the above instructions. Thereafter, we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. We must also post the revised Notice in our office as discussed above.

PDC is required to provide you with this Notice pursuant to the privacy regulations implementing the Health Insurance Portability and accountability Act of 1996 ("HIPAA") ("Privacy Rules"). PDC consist of the entities listed above. These entities are "affiliated covered entities" and an "organized health care arrangement" within the meaning of the Privacy Rules. This Notice applies to all Polish Dental Center (PDC) practice locations of GA.

**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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

### OUR OBLIGATIONS

We are required by law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal obligations, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and 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 applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make significant change in our privacy practices, we will change this Notice and make the new Notice available to you when you first receive services from us after the date the revised Notice become effective or upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice please contact us using the information listed at the end of this Notice.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for our treatment, payment, and health care operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other health care provider providing treatment to you.

**Payment:** We may disclose your health information to your health insurer to obtain payment for services we provide to you.

**Health Care Operations:** We may use and disclose your health information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, and certification, licensing or credentialing activities. For example, we may use or disclose your health information in order to conduct an internal assessment of the quality of care we provide.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, to the extent necessary to help with your health care or with payment of your health care, if you agree that we may do so. We may also advise these persons of your location, your general condition, or death. If you are present, then prior to use or disclosure of your information, we will provide you with an opportunity to object to such uses or disclosures. In the event of incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions. Medical supplies, x-rays or other similar forms of health information.

**Disclosures permitted or Required by Law:** We are permitted and in some cases required by law to make certain other disclosures of health information without your consent. We may disclose your health information, if appropriate to the following entities under the following circumstances:

1. To public health agencies to satisfy certain reporting requirements, such as births and deaths, certain communicable diseases, child abuse and other public health issues.
2. To health oversight agencies such as governmental auditors, and other agencies when required.
3. To any individual when PDC is ordered by a court or other legal process to do so.
4. To law enforcement officials when necessary for law enforcement purpose and required by law.
5. To a coroner or medical examiner when necessary to enable them to perform their duties.
6. To organ procurement organizations, to enable them to make suitability determination.
7. In case of emergency; or
8. To researchers if their research has been approved by an institutional review board and they take certain steps to protect your privacy.

**Appointments Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail message, postcards or letters) or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Your Authorization:** Other uses and disclosure of your health information will be made if you give us written authorization to do so. If 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 you authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the Notice.

## **PATIENT RIGHTS**

You have certain rights regarding your health information. These rights include:

1. The right to obtain a paper of this Notice
2. The right to inspect and copy your health information copies for a reasonable fee
3. The right to request amendments to your health information you believe to be inaccurate
4. The right to obtain and accounting of PD C's uses and disclosures of your health information, subject to certain exceptions
5. The right to request5 restrictions on our permitted uses and disclosures of your information (although we are not legally obligated to honor this request); and
6. The right to request that communications regarding your health information be sent by alternative means or at alternative locations

## **QUESTIONS AND COMPLAINTS**

If you want more information about air privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or wish to exercise any of your rights described herein. Please contact us using the contact information listed at the end of the Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Ted Jamison

Email: [tdjamison@gmail.com](mailto:tdjamison@gmail.com)

# Acknowledgement of Receipt of Joint Notice of Privacy Practices

## Reconocimiento de Recibo del Aviso Conjunto de las Practicas de Privacidad

By checking this box, I acknowledge that I have received a copy of the joint Notice of Privacy Practices of Polish Dental Center, GA  
Al marcar esta casilla, reconozco que he recibido una copia del Aviso Conjunto acerca de las Practicas de Privacidad de Polish Dental Center, GA

\_\_\_\_\_  
**Printed Name / Nombre con letra de moide**

\_\_\_\_\_  
**Date / Fecha**

\_\_\_\_\_  
**Signature of Patient (or authorized guardian)**  
*Firma del Paciente (o su tutor autorizado)*

\_\_\_\_\_  
**If authorized guardian, relationship to patient**  
*Si es el tutor autorizado, relacion con el paciente*

\_\_\_\_\_  
**Witness Name / Nombre del testigo**

\_\_\_\_\_  
**Witness Signature / Firma del testigo**

**"YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT"**  
**"USTED PUEDE NEGARSE A FIR MAR ESTE RECONOCIMIENTO DE RECIBO"**

**FOR OFFICE USE ONLY/ PARA USO INTERNO SOLAMENTE**

**We attempted to obtain written acknowledgement of receipt of our Joint Notice of Privacy Practices, but acknowledgement could not be obtained because:** / *Hemos intentado obtener un reconocimiento de recibo por escrito de nuestro Aviso Conjunto de las*

- Individual refused to sign / La persona se nego a firmar
- Communication barriers prohibited obtaining the acknowledgment** / *Obstaculos en la comunicacion impidieron obtener el reconocimiento de recibo*
- An emergency situation prevented us from obtaining acknowledgment** / *Unade emergencia nos impidio obtener el reconocimiento de recibo.*
- Other (Please specify):** / *Otros (especificar):*

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