

Privacy Policy

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY

BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

The Notice of Privacy Practices covers services provided to you by Scottsdale Dental Arts. We are required by law to maintain the privacy of protected health information and to provide you with the Notice of our legal responsibilities and privacy practices with respect to protected health information. Protected health information is information specifically about you, including demographic and personal information that may identify you and that relates to your past, present or future physical or mental health or health condition and related health care services.

The Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations. Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. The Notice also describes your rights to access and control your protected health information. Further, the Notice informs you of your rights to complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

We are required to abide by the terms of the Notice while it is in effect. We reserve the right to change the terms of our notice, at any time, provided such changes are permitted by applicable law. The new Notice will be effective for all protected health information that we maintain while the Notice is in effect. Upon your request, we will provide you with any revised Notice. You may contact our office and request that a revised copy be sent to you in the mail, or ask for one at the time of your next appointment.

NOTICE OF PRIVACY PRACTICES

*This Notice describes how medical information about you may be used and disclosed by Scottsdale Dental Arts, and how you can get access to this information. The privacy of your health information is important to us. **Please review it carefully.***

If you have any questions about this Notice, please contact our office manager at 480-860-8282.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations.

Your protected health information may be used by your Scottsdale Dental Arts for treatment, payment and health care operations, without authorization from you, as described in this Section. Your protected health information may be used and disclosed by Dr. McCargar, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of Scottsdale Dental Arts.

The following are examples of the types of uses and disclosures of your protected healthcare information that Scottsdale Dental Arts is permitted to make without your specific authorization. These examples are not meant to be comprehensive, but rather to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party, consultations with another dentist, or your referral to another dentist for your diagnosis and treatment.

Payment: Your protected health information will be used, as needed, to obtain or provide payment for your dental services, including disclosures to other entities. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you, and undertaking utilization review activities.

Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of Scottsdale Dental Arts. These activities include, but are not limited to: quality assessment and improvement activities; reviewing the competence or qualifications of professionals; securing stop-loss or excess of loss insurance; obtaining legal services or conducting compliance programs or auditing functions; business planning and development; business management and general administrative activities, such as compliance with the Health Insurance Portability and Accountability Act; resolution of internal grievances; due diligence in connection with the sale or transfer of assets of Scottsdale Dental Arts; creating de-identified health information; and conducting or arranging for other business activities.

For instance, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your treating provider. We may also call you by name in the waiting room when Dr. McCargar is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party business associates who perform various activities such as billing, transcription services, accounting services, legal services for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about a product or service to encourage you to purchase or use the product or services for the following limited purposes: (1) to describe our participation in a dentist network or health plan network, or to describe if, and the extent to which, a product or service (or payment for such product or service) is provided by our practice or included in a plan of benefits; (2) for your treatment; or (3) for your case management or care coordination, or to direct or recommend alternative treatments, therapies, dentists, or settings of care.

In addition, we may disclose your protected health information to another provider, health plan, or health care clearinghouse for limited operational purposes of the recipient, as long as the other entity has, or has had, a relationship with you. Such disclosures shall be limited to the following purposes: quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, case management, conducting training programs, accreditation, certification, licensing, credentialing activities, and healthcare fraud and abuse detection and compliance programs.

Your Authorization: Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that your dentist has taken an action in reliance on the use or disclosure indicated in the authorization. Your revocation will not affect any use or disclosures permitted by your 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 this Notice.

Family and Friends: We must disclose your health information to you, as described in the patient Rights section of the Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or payment for your healthcare, but only if you agree that we may do so.

Persons Involved in your 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, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use 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.

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

When Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

2. YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

Access: You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in your chart, including medical and billing records and any other records that your dentist and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

Restriction: You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must be in writing and must state the specific restriction requested and to whom you want the restriction to apply.

Your dentist is not required to agree to a restriction that you may request. If your dentist believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your dentist does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the office privacy contact. You may request a restriction by speaking with the office manager who is the privacy contact.

Alternative Communication: You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

Amendment: You may have the right to have your provider amend your protected health information. Your request must be in writing and must explain why the information should be amended. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

Disclosure Accounting: You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes, or disclosures for which you have signed an authorization. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. Your request must be made in writing. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Receipt of Notice: You have the right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this Notice electronically.

3. Questions and Concerns

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

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of the Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. Upon request, we will provide you with the address to file your complaint with the U.S. Department of Health and Human Services.

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. You may contact our Office Manager for further information about the complaint process.

This Notice takes effect on April 14, 2003 and will remain in effect until replaced by Scottsdale Dental Arts.

Contact Officer: Office Manager, Scottsdale Dental Arts

Telephone: 480-860-8282

Email: info@scottsdale dental arts.com

Address: 9751 North 90th Place Scottsdale, AZ 85258