

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices (hereafter “Notice”) describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this carefully. The privacy of your health information is important to us. If you have any questions about this Notice, please contact Demme Foresman at Reid & Reid Pediatric Dentistry and Orthodontics.

This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. “ Protected health information” is information about you, or your children including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. It also describes your rights to access and control your protected health information.

We are required to abide by the terms of this Notice. We may change the terms of our Notice at any time. The new Notice will be effective for all protected health information we maintain at that time including health information we created or received before we made the changes.

You may obtain a copy of our Notice of Privacy Practices at any time by calling our office or requesting one at your next appointment.

USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment: We will use and disclose your health information to provide, coordinate and manage health care and related services for you. For example, we will disclose information to a specialist, or general dentist, to whom you have been referred to ensure the provider has enough information to diagnose and/or treat you. We may also disclose information to a laboratory that, at our request, becomes involved in your treatment.

Payment: We may use and disclose your information to obtain information to obtain payment for services we provided to you. For example, we will send the necessary information to your health or dental insurance company to obtain payment for the treatment provided.

Healthcare Operations: We will use and disclose your information to conduct the business activities of this office. These activities include, but are not limited to, quality assessment and improvement activities, review of the performance and qualifications of employees, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when we are ready to begin your treatment.

We will share your protected health information with business associates that perform specific functions for our practice such as billing. When a business arrangement of this type requires the use of your information, we will have a written contract with the third party to protect the privacy of your protected health information.

Others Involved In Your Health Care: We must disclose your health information to you as described in the Patient Rights section of this Notice. We may disclose your health information to a family member or other person to the extent necessary to help with your health care or with payment for your health care. If we determine it is in your best interest, based on our professional judgment or experience with common practices, we may allow another person to pick up filled prescriptions, medical supplies, x-rays or other forms of health information.

We may use or disclose protected health information to notify or assist in notifying a family member, a personal representative or any other person responsible for the your care, of your location, your general condition, or death. If you are present prior to the use or disclosure of your protected health information, we will provide you with the opportunity to object to such uses or disclosures. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family members or others involved in your health care.

Emergencies: In the event of your incapacity or in emergency circumstances, we may use or disclose your protect health information to treat you.

Uses and Disclosures of Protected Health Information Based on Your Written 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 as described below. You may revoke this authorization, at any time, in writing, except to the extent that an action has already been taken in reliance on the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object: We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the requirements of the law. We must make disclosures to you and, when required, to the Secretary of the Department of Health & Human Services to investigate or determine our compliance with the requirements of the Privacy Rule.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. Additionally, we may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information, if we believe that you have been a victim of abuse, neglect or domestic violence to the appropriate governmental entity or agency. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Military Activity and National Security: When the appropriate conditions apply, we may disclose, to military authorities, protected health information of individuals who are Armed Forces personnel. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective service to the President or others legally authorized.

Worker's Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar statutory programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

YOUR RIGHTS

Your rights with respect to your protected health information and how you may exercise those rights are outlined below.

You have the right to obtain a copy and/or inspect your health information: Health information includes treatment records, billing records and any other records used by us to make decisions about your treatment. You may obtain a form from our office to request access. A reasonable cost based fee will be charged for expenses such as staff time, copies, duplication of records and postage. Contact us as indicated at the end of this Notice to obtain information about our fees or if you have any questions about your access.

You have the right to request a restriction on the use and disclosure of your protected health information: You may ask us not to use or disclose some part of your protected health information for the purposes of treatment, payment or operations. You may also request that we not disclose some part of your information to family and others who may be involved in your care or for notification purposes as otherwise described in the Notice. We are not required to agree to the restrictions but if we do, we are obligated to abide by the agreement except in cases of emergency, or as otherwise required by law. You may request a restriction by sending your request in writing to our Privacy Contact.

You have a right to request to receive confidential communications by alternative means or at an alternative location. We will accommodate all reasonable requests in this regard. 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.

You may have the right to request an amendment to your protected health information. You may request that we amend protected health information about you. Your request must be in writing with an explanation as to why the information should be amended. In certain cases, we may deny your request for an

amendment. If we deny your request, 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.

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 made by our Business Associates or us. It excludes disclosures for treatment, payment or healthcare operations as described in this Notice of Privacy Practices, to you, to family members or friends involved in your care, for notification purposes or as a result of an authorization signed by you. The right to receive this information is subject to certain exceptions, restrictions and limitations. If you request more than one accounting in a 12 month period, we will charge you a reasonable cost-based fee for responding to the additional request.

You have the right to obtain a paper copy of this notice from us, upon request.

Questions and Complaints

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

If you are concerned that we may have violated your privacy rights or you disagree with a decision we have made regarding your access to your health information or any other request you have made in the exercise of your rights, you may send your complaint to us using the contact information below. You may also submit a written complaint to the Secretary of Health & Human Services.

We support your right to the privacy of your health information and we will not retaliate against you in any way for filing a complaint.

Contact our office: Reid & Reid Pediatric Dentistry and Orthodontics

Contact Office or Official: Glenda Mosley

Phone: 828-696-2245

**Address: 685 Blythe Street Ct. Suite B
Hendersonville, NC 28739**