

**PREMIER DENTAL
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THE PRIVACY OF YOUR HEALTH INFORMATION IS AN IMPORTANT PART OF YOUR HIPPA RIGHTS.

Legally we are required by applicable federal and state law to maintain the privacy of your health information. We are also legally required to make available this Notice about our privacy practices, legal duties, and your rights as a patient concerning your health care information. We have the right to change our privacy practices and terms of this Notice at any time, which would effect any health information that we maintain, including health information we created or received before we made the changes, provided that the changes made are allowed by applicable law. In the event changes are made the Notice will be updated and provided for you. You may request a copy of this notice at any time.

E-mail and Web site information:

For each visitor to our Web site, our Web server automatically recognizes only the user's IP address, but not the e-mail address, unless you provide this information. We collect the domain name and Internet protocol (IP) address of visitors to our Web site, aggregate information on what pages users access or visit, user-specific information on what pages users access or visit, and information volunteered by users, including surveys, purchases and/or registrations. We also may collect the e-mail addresses of those who communicate with us via e-mail. With respect to cookies: WE DO NOT USE COOKIES!!! We also do not sell any e-mail addresses or other web received information. We may use your information to alert you to new information, products and services, events, send newsletters, and present you with other opportunities.

USE AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose health information about you for treatment, payment, and healthcare operations. We may use or disclose health information to another health care provider completing treatment to you for: a) the provision, coordination, or management of health care and related services by health care providers, b) consultation between health care providers relating to a patient, c) the referral of a patient for health care from one health care provider to another or, d) recall information

We may use and /or disclose your health information to obtain payment for services we provide to you. This may encompass:

- a) billing and collection activities and related data processing
- b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and adjudication or subrogation of health benefit claims
- c) medical necessity and appropriateness of care reviews, utilization review activities, and
- d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

We may use and disclose your health information in connection with our healthcare operations that include such things as quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health care information or to disclose it to anyone for any purpose. 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 your authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

We must disclose your health information to you, as described in the Patients Rights section of this 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 with payment for your healthcare, but only if you agree that we may do so, if you are not able to agree, if it is necessary in our professional judgment.

We may 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 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.

We may use or disclose your health information when we are required to do so by law, including judicial and administrative proceedings.

We may disclose your health information to 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.

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 institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

We may use or disclose your health information to provide you with appointment reminders (such as voice mail messages, postcards, letters, or e-mails) or information about treatment alternatives or other health related benefits and services that may be of interest to you.

PATIENT RIGHTS

You have the right to review or get copies of your health information, with limited exceptions. You may request that we provide copies. We will use the format you request unless we cannot practically do that. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of the Notice.

You have the right to receive a list of instances in which we or our business associates disclosed your health information: treatment, payment, healthcare operations, when you provided authorization or certain other activities. If you request this more than once a year we may charge you a reasonable, cost-based fee for responding to those additional requests.

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

If you receive this Notice on our website or by e-mail you are entitled to receive this Notice in written form.

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

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

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