

# NOTICE OF PRIVACY PRACTICES

**Jon McDonald, DDS**

**Effective Date:** May 18, 2015

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**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.**

## CONTACT INFORMATION

**For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our Privacy Officer.**

**Title:** Laura Hughes      **Telephone:** 505-662-2426      **Fax:** 505-661-4135

**Email:** [office@jonmcdonalddds.com](mailto:office@jonmcdonalddds.com)      **Address:** 185 Central Park Square Los Alamos, NM 87544

## OUR LEGAL DUTY

We are required by law to protect the privacy of your protected health information (“medical information”). We are also required to send you this notice about our privacy practices, our legal duties, and your rights concerning your medical information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on the date set forth at the top of this page and will remain in effect unless 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 any change in our privacy practices and the new terms of our notice applicable to all medical information we maintain, including medical information we created or received before we made the change in practices.

We may amend the terms of this notice at any time. If we make a material change to our policy practices, we will provide you a revised notice. Any revised notice will be effective for all health information we maintain. The effective date of a revised notice will be noted. A copy of the current notice in effect will be available in our facility and on our website. You may request a copy of the current notice at any time.

We collect and maintain oral, written, and electronic information for our business and to provide products, services, and information of importance to our patients. We maintain physical, electronic, and procedural safeguards in the handling and maintenance of our patients' medical information in accordance with applicable state and federal standards to protect against risks such as loss, destruction, and misuse.

## USES AND DISCLOSURE OF YOUR MEDICAL INFORMATION

**Treatment:** We may disclose your medical information without your prior approval to another dentist or healthcare provider working in our facility or otherwise providing you treatment for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example; your health information may be disclosed to an oral surgeon to determine if surgical intervention is needed.

**Payment:** We provide dental services. Your medical information may be used to seek payment from your insurance plan. For example, your insurance plan may request and receive information on dates that you received services at our facility in order to allow your employer to verify and process your insurance claim.

**Health Care Operations:** We may use and disclose your medical information without your prior approval for health care operations. Health care operations include:

- healthcare quality assessment and improvement activities
- reviewing and evaluating dental care provider performance, qualifications and competence, health care training programs, provider accreditation, certification, licensing and credentialing activities
- conducting or arranging for medical reviews, audits and legal services, including fraud and abuse detection and prevention
- business planning, development, management and general administration including customer service, complaint resolutions and billing, de-identifying medical information, and creating limited data sets for health care operations, public health activities and research

We may disclose your medical information to another dental or medical provider or to your health plan subject to federal privacy protection laws, as long as the provider or plan has had a relationship with your and the medical information is for that provider's or health plan's care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

**Your Authorization:** You (or your legal personal representative) may give us written authorization to use your medical information or to disclose it to anyone for any purpose. Once you give us authorization to release your medical information, we cannot guarantee that the person to whom the information is provided will not disclose that information. You may take back or "revoke" your written authorization at any time, except if we have already acted based on our authorization. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we will not use or disclose your medical information for marketing, fund raising purposes or for commercial use. Once authorize, you may opt out of these communications at any time.

**Family, Friends and Others involved in your care or payments for care:** We may disclose your medical information to a family member, friend, or any other person you involve in your care or payment for your health care. We will disclose in the medical information that is relevant to the person's involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

**Health-Related Products and Services:** We may use your medical information to communicate with you about health-related products, benefits, services, payment for those products and services, and treatment alternatives.

**Reminders:** We may use or disclose medical information to send you reminders about your dental care, such as appointment reminders.

**Plan Sponsors:** If your dental insurance coverage is through an employer's sponsored group dental plan, we may share summary health information with the plan sponsor.

**Public Health and Benefit Activities:** We may use and disclose your medical information, without your permission, when required by law and when authorized by law for the following kinds of public health and public benefit activities:

- for public health, including to report disease and vital statistics, child abuse, adult abuse, neglect or domestic violence
- to avert a serious an imminent threat to health or safety
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities and fraud prevention agencies
- for research
- in response to court and administrative orders and other lawful process
- to law enforcement officials with regard to crime victims and criminal activities
- to coroners, medical examiners, funeral directors and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody
- as authorized by state worker's compensation laws

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

**Business Associates:** We may disclose your medical information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Data Breach Notification Purposes:** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information.

**Additional Restrictions on use and disclosure:** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly Confidential Information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

1. HIV/AIDS
2. Mental Health
3. Genetic Tests
4. Alcohol and drug abuse
5. Sexually transmitted diseases and reproductive health information
6. Child or adult abuse or neglect, including sexual assault

## YOUR RIGHTS

**Access:** You have the right to examine and to receive a copy of your medical information, with limited exceptions. We will use the format you request unless we cannot practicably do so. You should submit your request in writing to our Privacy Officer.

We may charge you reasonable, cost-based fees for a copy of your medical information for mailing the copy to you and for preparing any summary or explanation of your medical information your request. As of the effective date of this notice, the current rate for most records will be \$35.00 per person. This fee must be paid in full prior to release of the records by either credit card, cash, or money order. Contact our Privacy Officer for more information about your fees.

**Disclosure Accounting:** You have the right to a list of instances in which we disclose your medical information for purposes other than treatment, payment health care operations, as authorized by you, and for certain other activities.

You should submit your request to our Privacy Officer. We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request.

**Amendment:** You have the right to request that we amend your medical information. You should submit your request in writing to our Privacy Officer.

We may deny your request only for certain reasons. If we deny your request, we will provide you with a written explanation. If we deny your request, you may have a statement of your disagreement added to your medical information. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

**Restrictions:** You have the right to request that we restrict our use of disclosure of your medical information for treatment, payment or operations, or with family, friends or others you identify. Except in limited circumstances, we are NOT required to agree to your request. If we do agree, we will abide by our agreement, except, in medical emergency or as required or authorized by law. You should submit your request to our Privacy Officer. Except as otherwise required by law, we must agree to a restriction request if:

1. except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for carrying out treatment)
2. the medical information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full by the patient

**Confidential Communication:** You have the right to request that we communicate with you about your medical information in confidence by means or to locations that you specify. You should submit your request in writing to our Privacy Officer. By entering your email address on the Acknowledgment of Notice of Privacy Practices, you are agreeing to receive some communications via email. You may request in writing, to change your contact preferences at any time.

**Breach Notification:** You have the right to receive a notice of a breach of your unsecured medical information. Breach may be delayed or not provided if so required by a law enforcement official. By entering your email address on the Acknowledgment of Notice of Privacy Practices, you are agreeing to receive breach notification via email. You may request, in writing, to change your contact preferences at any time. If you are deceased and there is a breach of your medical information, the notice will be provided to your next of kin or personal representatives if we know their identity and address of such individual(s).

## COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, about amending your medical information, about restricting our use or disclosure of your medical information, or about how we communicate with you about your medical information (including a breach notice communication), you may contact our Privacy Officer to register either a verbal or written complaint.

You may also submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, DC, 20201. You may contact the Office for Civil Rights' hotline at 1-800-368-1019.

We support your right to privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.