

Foster City Dental Care

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.

PLEASE REVIEW IT CAREFULLY.

1. INTRODUCTION

FOSTER CITY DENTAL CARE maintains confidential records on every patient in our practice so that we may provide you with the best quality service available along with meeting our professional and legal obligations. This information, often referred to as your health and medical record, is used primarily for the treatment, payment and health operations of FOSTER CITY DENTAL CARE and serves as:

- a basis for planning your care and treatment,
- a means of communicating among the many health professionals who contribute to your care,
- legal documentation describing the care you have received,
- the means by which you or a third-party payer can verify services billed and performed,
- a source of data for the education of health professionals, medical researchers and public health officials charged with improving the health of this state and the nation,
- a tool for us to evaluate the quality of care we provide, future planning efforts and marketing strategies.

Our records include your initial registration worksheet, health/medical information and updates, consent agreements, diagnoses, documentation substantiating treatment planning, summaries of actual procedures performed, outlines of oral and written communications, billing and/or collection efforts and contact information with other healthcare professionals on your behalf. This Notice of Privacy Practices, effective April 14, 2003, describes your rights and certain duties we have regarding the use, disclosure and protection of your private medical information.

2. THE LAW

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally be kept properly confidential. The law gives you, the patient, significant new rights to understand and control how your health information is used.

3. YOUR INDIVIDUAL RIGHTS

Although your medical records are the physical property of FOSTER CITY DENTAL CARE, the information belongs to you.

- You have the right to obtain a paper copy of our Notice of Privacy Practices dated April 14, 2003, or any amended version thereafter.
- You have the right to look at or get paper copies of your health information, with limited exceptions. If you prefer, we will prepare a summary or an explanation of your health information. We will charge you a reasonable cost-based fee for expenses such as postage and staff time.
- You have the right to request that we amend your health information. Your request must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.
- You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities as listed below, for the last 6 years, but not before April 14, 2003. 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.
- 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 communicate with you about your health information by alternative means or at alternative locations. We will make every effort to accommodate your request if at all possible.
- You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.

4. OUR RESPONSIBILITIES

FOSTER CITY DENTAL CARE understands that the privacy of your health information is important to you. We are committed to:

- strict enforcement of the Health Insurance Portability & Accountability Act of 1996,
- adhering to our Notice of Privacy Practices dated April 14, 2003, or notifying you in advance of any changes,
- providing you with a copy of our Notice of Privacy Practices dated April 14, 2003, when requested,
- protecting the privacy of your identity and personal health information.

5. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we may use and disclose your medical information. We will not use or disclose your medical information for any purpose not listed below without your specific written authorization. Any written authorization you provide may be revoked at any time by writing to us. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

- We may use your medical information to provide you with medical treatment or services.
- We may disclose your medical information to doctors, nurses, technicians, medical students, or other healthcare providers who are taking care of you.
- We may use and disclose medical information about you so that treatment and services you receive from us may be billed and payment collected from you, an insurance company, or a third party.
- We may use and disclose your medical information for the health care operations of our practice. This may include measuring and improving quality, evaluating the performance of our employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you properly.
- We may use or disclose your health information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, your location, and/or your general condition. We will use our professional judgment and our experience with common practice to make reasonable reference of your best interests in allowing a person to pick up x-rays or other similar forms of health information. If you are present, we will provide you with an opportunity to object prior to disclosure. In the event of your incapacity or in emergency circumstances, we will disclose health information using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.
- You may give us written authorization to use or disclose your health information to anyone for any purpose.
- We may use or disclose your health information when we are required to do so by law, in response to legal proceedings, for national security activities, to avert a serious threat to public health or safety, to comply with laws relating to workers' compensation or other similar programs, to assist in disaster relief efforts or as required by military command authorities.
- We may disclose medical information for research purposes in limited circumstances when the research has been approved by a review board and where there are established protocols to ensure the privacy of your medical information.
- We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. We may share information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.
- We may contact you to provide appointment reminders or information about treatment alternatives and other health-related benefits and services that may be of interest to you.
- Consistent with applicable laws, we may disclose health information about you to funeral directors or to organ procurement, banking or transplantation organizations to carry out their specific duties.
- There are some services provided by our practice through contacts with other business associates. These may include laboratories, testing facilities, copy services, accounting support and medical supply organizations. We may disclose your medical information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require that all business associates appropriately safeguard your information.

6. QUESTIONS AND COMPLAINTS

If you would like more information about our privacy practices or have questions or concerns, please contact our Privacy Officer at (650) 577-1988 or write to us at: FOSTER CITY DENTAL CARE
675 Mariner's Island Blvd., Suite 110
San Mateo, CA 94404

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer at the address listed above or with the:

Office for Civil Rights
U. S. Department of Health & Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

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.