

ANGELA B. BATESON, DDS

GENERAL DENTISTRY

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HIPAA Compliance & Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION. PROTECTING THE PRIVACY OF YOUR HEALTH INFORMATION IS VITALLY IMPORTANT TO US. – PLEASE CAREFULLY REVIEW THIS DOCUMENT –

OUR LEGAL OBLIGATIONS

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you Notice about our privacy practices, our legal obligations, and your rights concerning your health information. We must follow the Privacy Practices that are described in this Notice while it is in effect. This Notice takes effect 06/01/2011, and will remain in effect until 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 the changes in our Privacy Practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our Privacy Practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

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

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Health Care Operations: We may use or disclose your health information in connection with our healthcare operations. Health care operations include quality assessment and improvement activities, reviewing the competencies or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, or credentialing activities. For example, we may use or disclose your health information in order to conduct an internal assessment of the quality of care we provide.

Your Authorization: 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 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 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.

To Your Family and Friends: 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, 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 Care: We may use or disclose your 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 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.

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 appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence of 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 of 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.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as verbal messages, postcards or letters) or treatment alternatives or other health-related benefits and services that may be of interest to you.

Disclosures Permitted or Required by Law: We are permitted and in some cases required by law to make certain other disclosures of health information without your consent. We may disclose your health information, if appropriate, to the following entities under the following circumstances:

- to public health agencies to satisfy certain reporting requirements, such as births and deaths, certain communicable diseases, child abuse and other public health issues;
- to health oversight agencies such as governmental auditors, the Ohio Department of Health and other agencies when required;
- to any individual when Angela Bateson, DDS General Dentistry is ordered by a court or other legal process to do so;
- to law enforcement officials when necessary for law enforcement purposes and required by law;
- to a coroner or medical examiner when necessary to enable them to perform their duties;
- to organ procurement organizations, to enable them to make suitability determination in cases of emergency;
- or to researchers if their research has been approved by an institutional review board and they take certain steps to protect your privacy.

Your Authorization: Other uses and disclosures of your health information will be made if you give us written authorization to do so. 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 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.

PATIENT RIGHTS

Access: You have certain rights regarding your health information. These rights include:

- the right to obtain a paper copy of this Notice;
- the right to inspect and copy your health information (copies are available for a reasonable fee);
- the right to request amendments to your health information you believe to be inaccurate;
- the right to obtain an accounting of Dr. Bateson's uses and disclosures of your health information, subject to certain exceptions;
- the right to request restrictions on our permitted uses and disclosures of your information (although we are not legally obligated to honor this request); and
- the right to request that communications regarding your health information be sent by alternative means or at alternative locations

Disclosure Accounting: 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 the treatment, payment, healthcare operations and certain other activities for the last 5 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.

Restriction: 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 emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide a satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: 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.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

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 wish to exercise any of your rights described herein, please contact us. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. 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.

How you can contact us:

Dr. Angela Bateson
Angela Bateson, DDS General Dentistry
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Findlay, Ohio 45850

Phone 419-425-0303