

NOTICE OF PRIVACY PRACTICES

We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it. We reserve the right to change this notice at any time as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our notice, we will post the new notice in our office and have copies available.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for your treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; examining your teeth; prescribing medications; referring you to another doctor or clinic for other health care or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or dental care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or dental/medical devices;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- uses and disclosures for health oversight activities
- disclosures for judicial or administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directions to aid in burial; or to organizations that handle organ or tissues donations;
- uses or disclosures to prevent a serious threat to health or safety;
- disclosures relating to worker's compensation programs;
- disclosures to third party associates who perform health care operations for us and who commit to respect the privacy of your health information;

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your dental care.

APPOINTMENT REMINDERS

We may call, text, email or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call, text, email or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we may mail you an appointment reminder on a postcard, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

22341 West Rd
Woodhaven, MI 48183



phone: (734) 671-1620
fax: (734) 671-2154

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OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. The content of an authorization form is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is deemed necessary by our office. Sometimes, you may initiate the process if you find it necessary for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you have the right to refuse. If you choose not to sign the authorization, we cannot make the use or disclosure. If you choose to sign the authorization, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing, dated, and given to our office.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment, or health care operations;
- ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address;
- ask us to see or get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. Duplication of this information carries a \$25 fee. YOU will be able to review or have a copy of your health information within 30 days of request (or 60 days if the information is stored off-site). If your request is denied, we will send you a written explanation, and instructions on how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension;
- ask us to amend your health information if you think that it is incorrect or incomplete
- get additional paper copies of this notice of privacy practices upon request

Please send a written request for any of the items above. Requests can be sent to the address found at the bottom of the page.

COMPLAINTS

If you believe that we have not properly respected the privacy of your health information, you are free to make a complaint to us or the US Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to make a complaint to us, please send it to us in writing at the address found at the bottom of the page.

FOR MORE INFORMATION

If you would like more information about our privacy practices, call or visit the office at the address or phone number found at the bottom of the page.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of Woodhaven Dental Notice of Privacy Practices.

Signature

Date

Printed name

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