

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can obtain access to this information. Please read carefully.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information.

Uses and Disclosures of Health Information

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

- We may use or disclose your health information to a physician or other healthcare provider providing treatment to you for purposes of coordinating the combined efforts of multiple disciplines.
- We may also use and disclose your health information to obtain payment for services we provide to you from a third party.
- We may use and disclose your health information in connection with our healthcare operations, which include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing & credentialing activities.

In addition to our use of your health information for treatment, payment from third parties and healthcare operations, you may give written authorization to use your health information or to disclose it to anyone for any purpose. Unless written authorization is given, we cannot use or disclose your health information for any reason except as described in this notice.

We must disclose your health information to you as described in the Patient Rights section of this notice. We may also disclose your health information to a family member, friend, caretaker or other person to the extent necessary to help with your dental care or payment for treatment, but only if you agree that we may do so.

We may use or disclose your health information to notify or assist in the notification of a family member, your personal representative or another person responsible for your care, of your location or your general condition. If you are present, prior to disclosing this information to a third party, you will be given the opportunity to object to such disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our best professional judgment disclosing only the information that is directly relevant to the persons involved 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, radiographs, or other similar forms of health information.

We will not use your health information for marketing communications without your direct authorization.

We may disclose your health information to appropriate authorities if we have reason to believe that you are a possible victim of abuse, neglect, domestic violence or 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 and safety of others.

We may use or disclose minimal and basic information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

Patient rights

You have the right to look at or obtain copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot reasonably do so. You must make a request in writing to obtain access to your health information. You may request access to your health information by using the contact information listed at the end of this notice. You will be charged a reasonable cost-based fee for expenses such as, but not limited to, copies, staff time and postage. If you prefer, we can prepare a summary or an explanation of the extent and volume your complete health information prior to processing. You may request a duplicate of all or a portion of your health information.

You have the right to request that we place additional restrictions on our use or disclosure of your health information as long as such requests do not impede the standard of care of your treatment.

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 and your request must specify the alternative means and/or locations and provide a satisfactory explanation concerning how payments will be handled under the alternative means or locations you request.

You have the right to request that we amend your health information. Your request must be in writing and contain a satisfactory explanation. We may deny your request under certain circumstances.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us at our clinic phone number (listed below).

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may submit a written complaint 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 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 are dedicated to a high level of security and prompt and thorough treatment of our patients. We will not retaliate in any way if you choose to file a complaint.

Contact Officers:	Julie Hunt & Julie Gardner
Telephone:	(406) 752-6776
Fax:	(406) 752-6771
Mailing Address:	Big Heart Family Dentistry 1250 Burns Way, Ste #2 Kalispell, MT 59901

BIG HEART FAMILY DENTISTRY

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of this office's Notice of Privacy Practices and have read and understand its contents. I have had opportunity to present my questions and have them answered.

Print Name

Date

Signature

Health Information Access Authorization

~ ~ *Optional* ~ ~

This form is to authorize a specific person to access specific areas of your health information on your behalf. The use of this authorization is optional, but it is recommended if you have a family member, friend or representative upon whom you depend to make appointments, arrange payment or coordinate transportation for you.

I authorize _____ to:

(circle all that apply)

- Request copies of information from my chart
- Change contact/payment information in my chart
- Discuss past and pending treatments
- Discuss cost of treatment and make payments

Print Name

Date

Signature