

Dedham Dental Associates, LLC

Notice of Privacy Practices

Protecting patient privacy is an important element of the trust between our caregivers and their patients, and an important legal and ethical obligation. Dedham Dental Associates is deeply committed to protecting our patients' rights to privacy, and to safeguarding patient information.

This notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Responsibilities:

Dedham Dental Associates is required to maintain the privacy of your Protected Health Information ("Dental/Health Information"). This includes medical/dental information about you that is collected during the course of your treatment maintained in electronic form. Typically, this information includes your symptoms, examination and test results, diagnoses, treatment, and a plan for future care. Information about care that you have received from other providers may also be included in Dedham Dental Associate's electronic patient records. Health Information also includes demographic information and payment information.

Dedham Dental Associates must abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all Health Information that Dedham Dental Associates maintains. We are required by law to provide you with this Notice.

I. Uses and Disclosures of your Dental/Health Information:

The following are examples of the types of uses and disclosures of your Health Information that Dedham Dental Associates is legally permitted to make.

A. Uses and Disclosures of Dental/Health Information for Treatment, Payment and Services Provided

Your Health Information may be used and disclosed by your dentist and Dedham Dental Associates staff who are involved in your care and treatment. Your Health Information may also be used and disclosed as necessary for Dedham Dental Associates to obtain reimbursement for care provided to you, and to support the operation of our practice.

1. **Treatment:** Dedham Dental Associates may use your Health Information to provide and manage your health care. If we refer you for treatment or consultation outside Dedham Dental Associates – for example to another dental specialist, we will provide that provider with the necessary information to diagnose or treat you. All of these providers must also take steps to protect the confidentiality of your

Health Information. We believe this type of sharing is critical in providing you the very best in health care and is necessary given the complexities of various dental and health conditions.

2. **Payment:** Dedham Dental Associates may use and disclose your Health Information, as needed, to obtain payment for health care services. We may disclose information to your dental/ health plan or other third party payer in order to make sure your treatment is approved, to verify eligibility or coverage for insurance benefits, and to permit the payer to review services provided to you for dental necessity.

Unless you ask us not to, we will contact you to remind you of your appointments with us. We may also provide you with information about treatment alternatives or other dental/ health-related benefits, products and services that may be beneficial to you, again with the hopes of improving your dental health and welfare.

B. Other Permitted and Required Uses and Disclosures of Your Dental/Health Information:

In addition to treatment, payment and dental/ health care operations, there are other circumstances in which Dedham Dental Associates is either permitted or required to disclose your Health Information, in accordance with applicable law.

1. **Involvement of Others in Your Dental/Health Care:** Dedham Dental Associates will make an effort to ask you if we may share relevant dental/health Information about you with family members or any other person you identify. If you are not present, unable to communicate, or in an emergency situation, Dedham Dental Associates staff may exercise their professional judgment to determine whether to share this information. In addition, we may need to disclose dental/health Information to notify a family member or any other person responsible for your care of your location, general condition or death. Finally, Dedham Dental Associates may disclose your Health Information to an authorized public or private entity to assist in disaster relief efforts, and to coordinate efforts to notify someone on your behalf. Please be assured we will only do so if absolutely necessary and in the event of an emergency or disaster.

a. **Communication Barriers:** We may use and or disclose your protected health information if your provider or staff member of Dedham Dental Associates attempts to obtain acknowledgment from you but is unable to do so, due to substantial communication barriers and the provider or staff member determines, by using professional judgment, that you intend to acknowledge or disclose under the circumstances. An example of this would be a deaf person or where there was not a common language between patient, provider and or staff.

2. **Public Health:** Dedham Dental Associates may disclose your Health Information for public health activities, including the following:

- To report reactions and or problems with products used in the office
- To notify a person who may have been exposed to a communicable disease, or may be at risk for contracting or spreading the disease

3. Victims of Abuse, Neglect or Domestic Violence: If Dedham Dental Associates reasonably believes you are a victim of abuse, neglect or domestic violence, Dedham Dental Associates may disclose your dental/health information to an appropriate agency authorized by law to receive such reports.

4. Legal Proceedings: Dedham Dental Associates may be required to disclose dental/health information in the course of any judicial or administrative proceeding in response to a legal order or other lawful process, including a subpoena.

5. Law Enforcement: Dedham Dental Associates may be required to disclose dental/health information for law enforcement purposes.

6. To avert a serious threat to health or safety: Dedham Dental Associates may be required to use and disclose dental/health information to prevent or lessen a serious threat to a person's or the public's health or safety.

7. Specialized Government Functions: Under certain circumstances, Dedham Dental Associates may be required to disclose dental/health information to units of the government with special functions, such as the U.S. military or the U.S. Department of State.

8. Workers' Compensation: Dedham Dental Associates may use and disclose dental/health information as required to comply with workers' compensation laws, and other programs that provide benefits for work-related injuries or illnesses.

C. Uses and Disclosures of Dental/Health Information Based upon Your Written Authorization:

Uses and disclosures of your dental/health information, other than those described above, will be made only with your written authorization.

II. Your Individual Rights:

Although your clinical record at Dedham Dental Associates is Dedham Dental Associate's property, the dental/health information it contains belongs to you. The following is a statement of your rights with respect to your dental/health information, and a brief description of how you may exercise these rights.

A. You have the right to inspect and obtain a copy of your Dental/Health Information. At any time, you may inspect and obtain a copy of dental/health information about you, including your dental and billing record, which may be used to make decisions about your care. All requests to access your record must be made in writing to Dedham Dental Associates, and will be processed within 30 days.

B. You have the right to request an amendment of your Dental/Health Information. You may request Dedham Dental Associates to amend your treatment and billing information if you think the information is incorrect or incomplete, for as long as Dedham Dental Associates maintains the information.

C. You have the right to request a restriction of your Dental/Health Information. You have the right to ask for restrictions on the use and sharing of your dental/health information for treatment, payment, or health care operations. Dedham Dental Associates is not required to agree to your request. If we do, we

must put the restriction in writing and abide by it except if you need to be treated in an emergency. You may not ask us to restrict uses and sharing of information that we are legally required to make. All requests must be in writing to Dedham Dental Associates.

D. You have the right to obtain a paper copy of this notice. We will provide a paper copy of this Notice to you, upon request, even if you have agreed to accept this notice electronically.

III. Effective Date: This Notice is effective on June 18, 2012

IV. Complaint Process:

If you believe Dedham Dental Associates has violated your privacy rights, please communicate your concerns by contacting our Practice Manager. We will make every effort to respond to your concerns immediately and professionally. You may also send a written complaint to the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint about our privacy practices, nor will it affect your rights or status as a patient with Dedham Dental Associates.

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