

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PRIVATE HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION

Parkside Dental Health

Our Healthcare Practice takes patient privacy matters seriously. We work hard to meet and exceed all existing rules and regulations and will work to keep you informed regarding our office policies and your personal rights regarding privacy.

We are required by 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 duties, and your rights concerning your PHI. We must follow the privacy practices described in this Notice while it is in effect. This Notice takes effect on April 14, 2003, and will remain in effect until we replace it, at which time we will issue a new Notice to Patients indicating a new activation date. You may request a copy of our Notice at any time, and may request additional copies, as needed by contacting our office.

Uses and Disclosures of Health Information:

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

Treatment:

We may use and disclose health information about you for treatment within our practice, for general healthcare operations, and payment collection. That means your information is available to our immediate staff, and to other practitioners who we may refer you to for additional treatment. This includes, but is not limited to, other healthcare specialists such as surgeons, laboratories and the like. We will exercise our judgment in only distributing the minimum necessary information needed when sending health information to any outside Associates.

Payment and Collection:

Your health information will be sent to third party payers for insurance collection and, when applicable, to collection agencies for assistance in receiving payment for services rendered. Additionally, information may be used from time to time, as necessary, to secure payment for services. We will use our professional judgment and experience with common practice to make decisions on what information to disclose to secure payment.

Health Care Operations:

Our Practice will use and disclose the minimum necessary amount of authorized PHI in the business management of the Practice.

Appointment Reminders:

We may use or disclose your health information to provide you with appointment reminders, such as voicemail messages, postcards, or letters.

Family, Friends, Personal Representatives and Others:

Our practice will use and disclose authorized PHI as may be directly relevant to the authorized involvement of a family member, other relative, a close personal friend, or someone identified by the patient. The authorized involvement may be relative to the patients' general condition, treatment, payment for services, location or death.

Marketing Health-Related Services:

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

Our Business Associates:

We require all of our Business Associates to sign a contract specifying they are strictly following patient privacy rules and regulations. We will act swiftly and decisively if we find any violations of their contract.

When the Law Requires Us to Disclose:

We may use or disclose your health information when we are required to do so by law.

Abuse and Neglect:

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or are the victim of possible other crimes. We disclose to the extent necessary to avert further harm to you or others.

PATIENT RIGHTS**Access to Records:**

You have a right to look at 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 practicably do so. You must make your request to access your health information in writing to our practice. We can provide you with a form to do this, or you may do it by writing a letter specifying exactly what you want to view. If we provide photocopies we will charge you a set amount for each page copied. If you request an alternate format we will charge you per the expenses we incur to satisfy your request. We have up to 30 days (and sometimes longer) to respond, depending on what is required to meet your request. Specifics will be provided upon request.

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 treatment, payment, healthcare operations and a few other activities as specified by law, for the last six years, but not before April 14, 2003. If you request this list more than once in a 12 month period we will charge you a reasonable cost based fee for responding to the additional requests. Fees will be disclosed prior to action being taken.

Restriction:

You have the right to place additional restrictions on our use or disclosure of your health information. We are not required to agree to these restrictions, however, if we do agree, we will abide by our agreement, except in certain emergency situations.

Alternative Communications:

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

Amendment of Your Records:

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.
