



## NOTICE OF PRIVACY PRACTICES

Today's Date: \_\_\_/\_\_\_/\_\_\_

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Heritage Family Dental

Heritage Family Dental is required by law to maintain the privacy of your protected health information (PHI) and provide individuals with notice of its legal duties and privacy practices currently in effect with respect to PHI. This Notice describes how we may use and disclose your PHI for your treatment, payment, and for health care operations as well as for other purposes that are permitted or required by law. 45 CFR § 164.520.

Heritage Family Dental reserves the right to change the terms of this Notice and make the new notice provisions effective for the entire PHI we maintain. If Practice makes a material change to this Notice, we will post the changes promptly on our website at [www.heritagefamilydentalct.com](http://www.heritagefamilydentalct.com). A paper copy of this Notice is available upon request.

#### Effective Date

This Notice of Privacy Practices became effective on November 15, 2021.

#### Types of Uses and Disclosures of your PHI

**"Treatment"** – We will use and disclose your PHI to provide, coordinate or manage your dental health care and any related services. We will also disclose PHI to other providers who may be treating you such as a specialist.

**"Payment"** – We will use your PHI to obtain payment for the dental health care services provided. For example, we may provide information to a health insurance company or business associate to obtain payment for the treatment provided for you.

**"Healthcare Operations"** – We will use your PHI to support the management of our dental office. For example, we may use information about you to conduct quality performance reviews regarding our services or the performance of our staff. Additionally, we may obtain services from business associates such as training programs, legal services and insurance.

#### HITECH Amendments

**HITECH Act Breach Notification Requirements:** The HITECH Act requires to notify each individual whose unsecured PHI has been, or is reasonably believed to have been accessed, acquired, or disclosed due to a breach. The HITECH Act imposes a similar requirement on Business Associates. "Unsecured PHI" refers to PHI that is not secured through the use of technologies or methodologies that render the PHI unusable, unreadable, or indecipherable to unauthorized individuals.

**Restriction of Disclosure:** The HITECH Act restricts us from refusing an individual's request not to use or disclose the individual's PHI in instances where the patient's services were paid out of pocket to prevent the information from flowing to the health plan since no claim is being made against the third-party payer.

**Access to Electronic Health Records (EHRs):** The HITECH Act expands the right of records access. Individuals have the right to access their EHR in an electronic format and to direct us to send the e-record directly to a third party. We may only charge for the labor costs to transfer this information.

**Expansion of Accounting of Disclosures:** The HITECH Act removed the accounting of disclosures exception of PHI to carry out treatment, payment and healthcare operations. All such disclosures must be accounted for if the disclosure is made through an EHR. We also will provide the individual with a list and contact information for all Relevant business associates to obtain an accounting of disclosures of PHI.

**Prohibition on Sale of PHI:** The HITECH Act prohibits covered entities and business associates from receiving indirect or direct remuneration in exchange for PHI without obtaining an authorization from the individual unless

such an exchange meets one of the exceptions listed by the government.

### **Heritage Family Dental's Responsibilities**

**Certain Uses or Disclosures:** We will use and disclose your PHI when required to by federal, state or local law.

**Appointment Reminders:** We may contact you to provide appointment reminders via telephone or post cards. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Revocation:** Other uses and disclosures will be made only with your written authorization and you may revoke such authorization.

**Public Health and Safety:** We will use and disclose your PHI to public health authorities permitted to collect or receive information for the purpose of controlling disease, injury or disability.

### **Individual Rights**

**Request Restriction of Disclosures:** You have the right to request restrictions on certain uses and disclosures of PHI and under HIPAA, Heritage Family Dental is not required to agree to the restriction unless as clarified by defined by the HITECH Act.

**Right to Receive Confidential Communications:** You have the right to receive confidential communications. Please specify your preference of communication in writing to us such as your home telephone, work telephone, mobile telephone, and/or email. We may provide relevant portions of your PHI to a family member, relative, close friend or any other person you identify as being involved in your dental care or payment.

**Right to PHI:** You have the right to inspect and copy the PHI that we maintain about you in our designated record set for as long as we maintain the information. We may charge a fee for the costs of copying, mailing or other supplies used in fulfilling your request. Please contact the Privacy Officer to inspect your record or receive a copy.

**Right to Amend:** You have the right to request that we amend your health information if you feel it is incomplete or inaccurate. You must make the request in writing to our Privacy Officer stating the reasoning that supports your request. We may deny the request if the information was not created by our office or if the person who created it is no longer available to make this amendment.

**Right to Accounting:** You have the right to receive an accounting or disclosures of your health information as required by law. Please submit a written request to our Privacy Officer.

**Right to Paper Copy:** You have the right to receive an accounting of disclosures of your health information as required by law. Please submit a written request to our Privacy Officer.

### **Request Information or File a Complaint**

If you have any questions, would like additional information on, or want to report a problem regarding the handling of your PHI, you may contact the Privacy Officer at

Heritage Family Dental  
15 Morgan Farms Drive  
Suite 3  
South Windsor, CT 06074  
phone: (860) 644-4741  
fax: (860) 644-6805

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our Practice. You may also file a complaint with the Secretary of Health and Human Services at:

U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, SW  
Room 515 F HHH Building  
Washington, D.C. 20201  
[www.hhs.gov/ocr](http://www.hhs.gov/ocr)



*Your Privacy Is Important to Us*

**Acknowledgement of Receipt of Notice of Privacy Policies**

I have received a copy of the Notice of Privacy Practices of Heritage Family Dental. I hereby authorize, as indicated by my signature below, to use and to disclose my protected health information for any necessary clinical, financial, and insurance purpose, as authorized in the Patient Consent form.

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please check to indicate your approval:**

- You may leave message(s) on my home phone.
- You may leave message(s) on my cell phone.
- You may contact me on my work phone number.
- You may leave message(s) for me at my work.
- You may send me postcards or email(s) related but not limited to, my upcoming appointments, office promotions, special announcements, or other relevant health care information.

Please list authorized persons with whom we may discuss your or your child's Protected Health Information (PHI), separate from custodial parents and/or legal guardians:

1. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_ Phone: \_\_\_\_\_
4. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_ Phone: \_\_\_\_\_
5. \_\_\_\_\_ Date Added / Removed: \_\_\_\_\_ Phone: \_\_\_\_\_

**For Office Use Only:**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please specify:) \_\_\_\_\_

Staff Person's Initials \_\_\_\_\_