**JC Family Dental**

**401 E. Bell Road, #14**

**Phoenix, AZ 85022**

**Your Privacy**

Like other industries, health care is using computer and other electronic systems to process the communications, claims and the payment process. Privacy Standards were developed to protect and secure your personal, financial, and health information. The attached Notice of Privacy covers how information known by the health care provider can be used and disclosed.

**How Medical information will be routinely used and disclosed:**

* For treatment
* To family members, and others involved in your care: and how to opt out.
* To be paid for services provided to you.
* For our business decisions and to improve the quality of our service.
* Consulting/Billing companies

**Your Rights regarding your Medical Information, you can:**

* Review or copy your records.
* Request amendment to your records.
* Get a list of certain communications.
* Request restrictions on use and disclosure.

**The situational uses and disclosures of Medical Information:**

* For research.
* As required by law.
* For public health, public safety and health oversight purposes.
* To coroners, medical examiners and funeral directors.
* For military, veterans, national security, other governmental purposes.
* In judicial proceedings.
* Additional protection for certain medical information.
* Other uses and disclosures that require your authorization.

This notice also includes administrative issues such as how this noticed is changed, the health care providers will comply with this notice, and what to do if you have questions, concerns or complaints about the handling of your health care information. Please read the Notice, feel free to ask questions. Be prepared to sign to show that you have received this notice.

Thank you.

**Notice of Privacy Practices**

**THIS NOTICE MAY DESCRIBE HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND LET US KNOW IF YOU HAVE ANY QUESTIONS.**

Medicalinformation is defined as the contents of your medical record, your billing record and other records we use to make decisions about your care. Examples include chart notes, results of tests, medicines, x-rays and the information obtained to process the billing.

**WHAT ARE THE ROUTINE USES AND DISCLOSURES OF MEDICAL INFORMATION?**

**Treatment:** Treatment includes the medical services and supplies provided to you. We will use and disclose your medical information to others who need it to treat you, such as doctors, nurses, labs, other dentists and any others involved in your care. For example, your dentist will have access to your medical record to assist in your treatment in a referred office. We may use or disclose your information to notify you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about your health-related services available to you.

**Business Operations:** We may use and disclose your medical information to improve the care and service we provide or to improve dental technology. For example, quality improvement activities, billing example, quality improvement activities, billing audits, accounting or legal services, or business management and planning, are all used to determine whether dental personnel or other professionals did a good job.

**Family Member and Other Involved in Your Care:** Medical information may be disclosed to a family member who is involved in your dental care. It may also disclosed to someone who helps pay for your care. Medical information may also be disclosed to disaster relief organizations to help locate individuals during a disaster. If you do not want the office to disclose your treatment information to family members or others, please notify the Front Desk Personnel.

**Payment:** Medical information will be used and disclose for the dental office to be paid for services you received. For example, your health plan or dental insurance company may see parts of your medical record before paying for your treatment.

**WHAT ARE YOUR RIGHTS?**

**To Request Your Medical Information:** You have the right to look at and obtain a copy of your medical information. The original belongs to the office. To request a copy of your dental information, please request in writing, we recommend certifying your request of the office. Prior to sending you the copies, we will notify you of the cost to copy the information. You can look at your record at no charge in the office.

**To Request Amendment of Medical Information:**

If you believe that the information in your record is wrong or incomplete, you may ask us to change your record. To do so, send a written request to Bell Towne Dentistry, we recommend you certify mail your request to assure the request has been received by our office. The written request must include the change requested and the reason for the request.

**To Get a List of Certain Disclosures of your**

**Medical Information:** You have the right to get a list of disclosures other than those for treatment, payment or healthcare operations. To receive such a list, write the office, attention Front Office. The first list will be free. We will charge for additional lists requested during the same year. We will tell you in advance what this list will cost.

**To Request Restrictions on How the Office Will Use or Disclose Your Medical Information for Treatment, Payment or Dental Care Operations:**

You have the right to ask us not to make uses or disclosures of your dental information to treat you, to seek payment for care or to operate the Office. We are not required to agree to your request, but if we do agree, we will follow that agreement. If you want to request a restriction, write to the office, attention Front Office and describe your request in detail.

**HOW ARE SPECIAL SITUATIONS**

**(used and disclosures) HANDLED?**

**Required by Law:** Federal, state or local laws sometimes require us to disclose information. For instance, we are required to report child abuse or neglect and must provide information to law enforcement officials in domestic violence cases. We are required to report information to the Arizona Workers’ Compensation Program regarding work-related injuries.

**Public Safety:** In limited circumstances we may need to disclose medical information to enforcement officials. For example, we may disclose medical information in response to a search warrant or a grand jury subpoena, or to assist law enforcement officials in identifying or locating a person, to prosecute a crime or violence, to report deaths that may have resulted from criminal conduct and to report criminal conduct at the Office, or to prevent a serious threat to health or safety.

**Health Oversight Activities:** We may disclose medical information to a government agency that oversees the Office or its personnel, such as the Arizona State Board and any other state or federal agencies that govern Dentistry.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

**Military, Veterans, National Security,** and Other Government Purposes: We may disclose information about members of the armed forces, as required by military command and authorities or to the Department of Veterans Affairs. If requested to do so, we will provide information to federal officials for intelligence and national security purposes or the Presidential Protection Services

**Judicial Proceedings:** We may be ordered to disclose information by a court or in response to a subpoena or search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing medical information.

**Information with Additional Protection:**  Certain types of medical information have additional protection under state and federal law. Communicable diseases and HIV/AIDS, drug and alcohol abuse treatment, genetic testing and evaluation and evaluation and treatment for a serious mental illness may have additional measures of protection. This Office is required to get your permission at any time, unless we have already acted on your permission to use or disclose the information, write to Bell Towne Dentistry.

**Other Uses and Disclosures:** if the Office wishes to use or disclose your medical information for a purpose that is not discussed in the Notice, the Office will seek your permission. You may take back your permission at anytime, unless we have already acted on your permission to use or disclose the information. To revoke your permission, write to Bell Towne Dentistry.

**CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and to make the new provisions effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices.

**WHICH HEALTH CARE PROVIERS DOES**

**THIS NOTICE COVER?**

This notice of Privacy Practices apples to the provider and its personnel, consultants and trainees. We may share your medical information with other providers for treatment purposes, to get paid for treatment or to conduct health care operations. This arrangement is solely for sharing information and not for any other purpose.

This notice will not apply if these other health care providers give you their own Notice of Privacy Practices that describes how they will protect your medical information

**DO YOU HAVE CONCERNS OR COMPLAINTS?**

Please tell us about any problems or concerns you have with your privacy rights or how the Office uses or discloses your medical information, by contacting the privacy Officer at the office at 602-375-8646.

If for some reason the Office cannot resolve your concern, you may also file a complaint with the Department of Health and Human Services. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

**DO YOU HAVE QUESTIONS?**

The Office is required by law to protect the privacy of medical information, to give you this Notice and to follow the terms of Notice currently in effect. If you have any questions about this Notice, or have further questions about how the Office may use and disclose your medical information, please contact the Privacy Officer at:

602-375-8646