

HIPAA Privacy Policies and Procedures

For

Dr. Linnemann's Office

Our dental office recognizes our obligation to protect the privacy of health information that we create, receive, maintain, or transmit. We must not use or disclose protected health information except as permitted by these Policies and Procedures.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical/dental record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your dental record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

We may say 'no' to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way or to send mail to a different address.

We will say 'yes' to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations.

We are not required to agree to your request, and we may say 'no' if it would affect your care.

If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

We will say 'yes' unless a law requires us to share that information.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical/dental power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201. Calling 1-877-696-6775.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our uses and disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

To Treat You

We can use your health information and share it with other professionals who are treating you

To Run our Organization

We can use and share your health information to bill and get payment from health plans or other entities.

To Bill for your Services

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

These ways include:

- a. Public health activities.
- b. For health oversight agencies.
- c. To coroners, medical examiners, and funeral directors.
- d. To employers regarding worker's compensation illness or injuries.
- e. To the military.
- f. To federal officials as needed for intelligence, counterintelligence or national security.
- g. To correctional facilities regarding inmates.
- h. In response to subpoenas or other judicial processes.
- i. To law enforcement officials.
- j. To report abuse, neglect, or domestic violence.
- k. If required by law.
- l. As part of research projects

Our responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office.