Washington Smile Center

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you, as a patient of Washington Smile Center, may be used and disclosed, and how you can get access to this information. Please review this Notice carefully.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, or paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical evaluation.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

NOTICE OF PRIVACY PRACTICES (continued)

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Office Manager at 437 Cedar Street, NW Washington, DC 20012.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable request to receive confidential communications of protected health information from us by alternative or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

Washington Smile Center

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION
As required by the Federal Government Health Insurance Portability
and Accountability Act of 1999 Regulation

With my consent, Washington Smile Center may use and disclose protected health information ("PHI") about me to carry out treatment, payment, and health care operations ("TPO"). Please refer to Washington Smile Center *Notice of Privacy Practices* for a more complete description of such uses and disclosures.

I have the right to review the *Notice of Privacy Practices* prior to signing this consent. Washington Smile Center reserves the right to revise its *Notice of Privacy Practices* at any time. A revised *Notice of Privacy Practices* may be obtained by forwarding a written request to the Office Manager 437 Cedar Street. N.W. Washington, DC 20012.

By signing this form, I consent that Washington Smile Center may call my home or other designed location and leave a message on voice mail or disclose to a third party (who may answer my phone) any information that assists Washington Smile Center in carrying out TPO, such as appointment reminders, insurance items, or other health care-related communication pertaining to my clinical care. I also authorize Washington Smile Center to use an automated telephone system (Phone Tree) to leave a reminder message on my voicemail system or answering machine.

With my consent, Washington Smile Center may mail my home or other designated location or e-mail to me any items that assist in carrying out TPO, such as appointment reminder cards and patient statements, as long as they are marked "Personal and Confidential.

I have the right to request that Washington Smile Center restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow Washington Smile Center to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Washington Smile Center may decline to provide treatment to me.

_____ _____

Signature of Patient or Legal Guardian **Date**

_____ _____

Patient's Name (please print) **Relationship to Patient (if applicable)**

_____

Name of Legal Guardian (if applicable)

Washington Smile Center

Signature of Patient or Legal Guardian

Date

Patient's Name (please print)

Relationship to Patient (if applicable)

Name of Legal Guardian (if applicable)