

## Lafayette Pediatric Dentistry Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

**Our legal duty:** We are required by applicable federal and state law to maintain the privacy of your **protected health information (PHI)**. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in the notice while it is in effect. This notice takes effect on 02/24/2017 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Any changes made to our privacy practice notice will be provided to all clients and applicable personnel. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

**Your authorization:** In addition to our use of your PHI for the following purposes, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.

**Uses and Disclosures of Health Information:** We use and disclose PHI about you without authorization for the following purposes:

**Treatment:** We may disclose your PHI to a physician or any other health care professional providing you treatment.

**Payment:** We may use and disclose your PHI to obtain payment to services we provide to you. For example, we may send claims to your dental health plan containing certain health information, billing companies, government agencies, in order to assist with qualification of benefits, and collection agencies.

**Healthcare Operations:** We may use and disclose your PHI in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, and certifications, licensing, or credentialing activities.

**To you or personal representative:** We must disclose your PHI to you, as described in the Patient Rights section of this notice. We may disclose your health information to your personal representative, but only if you agree that we may do so.

**Persons involved in care:** We may use or disclose PHI to notify or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to such uses or disclosures. In the event of your absence or incapacity or in emergency circumstances, we will disclose PHI based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inference of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information. PHI may be disclosed by us as authorized to comply with workman's compensation laws and similar established programs.

**Disaster Relief:** We may use or disclose your PHI to assist in disaster relief efforts.

**Required by law:** We may use or disclose your PHI when we are required to do so by law.

**Public Health and Public Benefit:** We may use or disclose your PHI to report abuse, neglect, or domestic violence; to report disease, injury, and vital statistics; to report certain information to the Food and Drug Administration (FDA); to alert someone who may be at risk of contracting or spreading a disease; for health activities; for certain judicial and administrative proceedings; for certain law enforcement purposes; and to avert a serious threat to health or safety.

**Decedents:** We may disclose PHI about a decedent as authorized or required by law (i.e., a coroner)

**National Security:** we may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the PHI of an inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your PHI to provide you with appointment reminders (such as voicemail messages, emails, texts, or letters.)

**Access:** You have the right to look at or get copies of your PHI, with limited exceptions. You may request that we provide copies in the format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying. If you request copies, we will charge your \$15.00 per hour for staff time to copy your PHI, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your PHI in that format. If you prefer, we will prepare a summary or an explanation of your PHI for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, healthcare operations, and certain other activities, for the previous 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. In most cases we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health activities, or when disclosure is required by law). We must comply with a request to restrict the disclosure of PHI to a health plan for purposes of carrying out payment or health care operations (as defined by HIPAA) if the PHI pertains solely to a health care item or service for which we have been paid out of pocket in full.

**Alternative Communication:** You have the right to request that we communicate with you about your PHI by alternative means or at alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your PHI. 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:** You may receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically on our website or by e-mail.

**Marketing Health-Related Services:** We will **NOT** use your PHI for marketing communications without your written authorization.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicated with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to file your complaint with the US Department of Health and Human Services upon request.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

**Questions or complaints:** If you want more information or have questions or concerns, please contact us:

Contact Officer: Stacey Williamson  
Telephone: 337-443-9944  
Fax: 337-981-7505  
Email: [staceyw@nocavitykids.com](mailto:staceyw@nocavitykids.com)  
Address: 350 Doucet Road, Suite 101 Lafayette, LA 70503

