

## NOTICE OF PRIVACY PRACTICES

Dr. Sheryl Nelson, D.D.S.

### HIPAA NOTIFICATION

This notice describes how medical, dental and personal information about you may be used and disclosed and how you may access this information. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices describes how Dr. Nelson, D.D.S., may use and disclose your Protected Health Information (PHI) to carry out dental health care operations, payment, and other purposes that are permitted or required by law and your rights with respect to your PHI.

To protect your security and the confidentiality of your protected health information, this is a notice of your legal rights and our practices under HIPAA (Health Insurance Portability and Accountability Act).

We will take the required precautions to maintain privacy with respect to your health information within the parameters of our practice operations. We reserve the right to change the terms of this notice provisions effective for all PHI that we maintain. The effective date of this notice may be found at the bottom of the last page. You may request a current copy of these Privacy Practices at any time during our normal hours of operation.

We may use and may disclose your PHI for each of the following purposes: treatment, payment, and healthcare operations.

Treatment means providing, coordinating, or managing health care services, confirming insurance coverage, billing you or your insurance carrier, collection activities, and anything to do with finances.

Health care operations include the business aspects of running our practice, including customer service such as re-care cards, auditing functions, & cost control. It also includes any requirements by law, such as court investigations and disclosures or government agency requirements.

You have the authority to inspect and have a copy of your records. For non-emergency treatment provided within the past 12 months, we will try to provide these within 3 business days of a written request to the privacy officer at the office maintaining your patient record. It could be up to 30 days if the information is older than 12 months or was for a one time emergency visit, as these records may be in storage. There may be a charge for copying records or x-ray films.

Our goal is to request written authorization for any disclosures not covered in this form. You may also revoke this permission by written notice. Our office has written charts as well as computer stored PHI.

On occasion Dr. Nelson, D.D.S., or staff will consult with each other, dental or medical specialists to provide the best care we can. Our verbal or written consultations with each other are without cost to you.

Daily logs of who will be seen and expected procedures are posted in each treatment room behind where the patient is sitting and often the procedure is by dental code.

Since many spouses come together and wish to be able to discuss their treatment options once they hear them, when your family is present with you as we discuss your treatment needs, unless you ask us to talk to you alone, we will consider this permission for the other family members to listen to our treatment advice.

We confirm by phone as many appointments as we can and will leave messages on answering machines that we are confirming your appointment, but we try not to leave specific medical information.

If needed, we may call you at home or work to resolve financial concerns, but these are in person or to your designated financially responsible person. Any phone messages left are only a request to call us. It is essential you return this call to allow us to go to the next level in the collection process.

If we have written multiple controlled substance (narcotic) prescriptions and are concerned we may be endangering you by co-treating you with another doctor, we may call and ask pharmacies for dates and quantities of controlled substances by other providers before writing for additional medication.

We send postcards to remind you of scheduled or recommended prevention of treatment visits (hygiene prophylaxis and examinations).

You may request to amend your protected health information or receive an accounting of previous projected disclosures.

Should you desire additional information regarding your rights under HIPAA or to file a written complaint within 180 days of the occurrence being reported, contact the Privacy Officer with Dr. Nelson, D.D.S. at 530 Lomas Santa Fe Dr., Ste. K, Solana Beach, CA 92075 or the U.S. Department of Health and Human Services, Office of Civil Rights 200 Independence Ave, SW Washington D.C. 20201, (202) 619-0257 or (877) 696-6775.

HIPAA FORM 1; Dr. Nelson, D.D.S., July 15, 2003.