

# PRIVACY NOTICE TO OUR PATIENTS

(PLEASE REVIEW CAREFULLY)

*This notice describes how medical information about you may be used and disclosed and how you can access your information. If you have any questions about this notice, please contact our privacy manager.*

## OUR COMMITMENT TO YOU

We understand that medical/dental information about you and your health is personal and confidential. We have always used, stored, and shared your information responsibly, and will continue to do so. This notice is in response to a new federal law regarding patient information and applies to all your records generated or received by our practice. This notice will tell you about the ways we may use and disclose information about you. Our entire staff is committed to following the standards, required by law, to protect your privacy.

### We are required by law

- To make sure that medical information that identifies you is kept private by following current privacy standards.
- To inform you through this notice of our legal duties and privacy practices with respect to your information.

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose your medical/dental information. Although the descriptions below do not include all possible scenarios, each disclosure made regarding your medical/dental information will fall within one of these categories.

### For Treatment

We may use medical/dental information about you to provide you with treatment or services. We may disclose medical/dental information about you to others who are involved in your treatment or taking care of you, for example, diagnostic and fabrication labs or other health care providers.

### For Payment

We may use and disclose medical/dental information about you so that the treatment and services you receive at this office, may be billed to and payment may be collected from you, your insurance company or a third party. For example, we may need to provide your health/dental plan with

information about your treatment so they will pay us or reimburse you for service. We may also need to inform your health plan prior to providing treatment, to obtain prior approval or to determine whether your plan will cover all, or part of, the treatment.

### For Health Care Operations

The law permits us to use and disclose medical/dental information for the purpose of operating our practice. These uses and disclosures are necessary to run the practice and make sure all patients receive quality care. The following are areas of how we may use and disclose your information to operate this office:

- Clinical studies to improve our practice
- Appointment reminders, by mail or phone (including voicemail messages)
- Sign-in sheets to identify that you are present for your appointment(s)
- Posted schedules, which may include your treatment
- Information provided to you about treatment alternatives or health-related benefits/services
- Communications with individuals involved with your care or payment for your care, for example, informing family or friends of your condition, or communicating with persons who may help with payment for your treatment

### For Research Purposes

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the medical health and progress of all patients who received one medication to those who received another, for the same condition. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care in the practice.

### As Required by Law

We will disclose medical/dental information about you when required to do so by federal, state or local law.

### To Avert a Serious Threat to Health & Safety

We may use and disclose medical/dental information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others.

## SPECIAL SITUATIONS

### Organ and Tissue Donation

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as

necessary to facilitate organ or tissue donation and transplantation.

### Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### Worker's Compensation

We may release medical information about you for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

### Public Health Risks

We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent/control disease, injury or disability
- to report births and deaths
- to report child or adult abuse, neglect, or exploitation
- to report reactions to medications or problems with a product
- to notify people of recalls of products they may be using
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required by law, or if not required by law, if you agree.

### Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law, for example, audits, investigations, inspections, and licensure.

### Lawsuits and Disputes

Any involvement in a lawsuit or a dispute, we may disclose medical information about you in response to an administrative or court order, subpoena, discovery request or other lawful process. We may utilize your information to defend the office.

### Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person

(over please)

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct occurring at the practice
- In emergency situations to report a crime; the location of a crime or victim(s); or the identity/description or location of the person who committed the crime

### **Coroners, Medical Examiners and Funeral Directors**

The release of medical information may be necessary, for example, to identify a deceased person, determine the cause of death, or to assist funeral directors in carrying out their duties.

### **National Security and Intelligence Activities**

We may disclose your medical information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

### **Protective Services for the President & Others**

We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health/safety or the health/safety of others, or for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you.

### **Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. This usually includes medical, dental, and billing records. To inspect and copy your medical information, you must submit your request in writing to the privacy manager. If you request a copy of the information, we may charge a fee for the costs of staff time and other supplies related to your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that another licensed provider within the practice review your request. We will comply with the outcome of the second review.

### **Right to Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is retained by the practice. To request an amendment, your request with explanation **must be made in writing** and submitted to the office manager. We may deny your request if the information requested:

- was not created by us, unless the person or entity that created the information is no longer available
- is not part of the medical information kept by or for our practice
- is not part of the information which you would be permitted to inspect and copy
- is accurate and complete

### **Right to an Accounting of Disclosures**

An "accounting of disclosures" is a list of the disclosures we made of medical information that was not related to treatment, payment or operations of the office as we have listed. To request this list or "accounting of disclosures", you must submit your request in writing to the privacy manager, stating a time period of not longer than six years, not including dates before February 2003. You are entitled to one accounting without charge. You may be charged for subsequent lists. You will be told the cost involved and may withdraw or modify your request at that time.

### **Right to Request Restrictions**

As a standard business policy, we will only provide the minimum necessary information about your personal health to authorized individuals. You have the right to request a restriction or limit on the medical information we use or disclose about you for treatment, payment or office operations. You also have the right to request a limit on information we may disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the privacy manager. In your request, you must tell us:

- (1) what information you want to limit
- (2) whether your limitations include use, disclosure or both
- (3) to whom you want the limits to apply, for example, disclosures to a particular family member

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain

location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the privacy manager. It is not necessary for you to give a reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office and have a copy of the current notice available for you upon request.

### **COMPLAINTS**

You have the right to file a complaint without being penalized. If you believe your privacy rights have been violated, you may file a complaint with the privacy manager. Please submit your concerns in writing. All complaints will follow a practice review process and are taken very seriously. You also have the right to file a complaint regarding privacy violations to the Secretary of Health and Human Services. **You will not be penalized for filing a complaint.**

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose the medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

*We welcome this opportunity to involve you in the operations of our office. We welcome your comments, and will continue to work with you to provide the best care possible.*

*Respectfully,*

*Patricia A. Burness, DDS, PC  
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