

## NOTICE OF PRIVACY PRACTICES

**As Required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how health information about your child (as a patient of this practice) may be used and disclosed, and how you can get access to your child's Individually Identifiable Health Information (IIHI).**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

### **A. Our Commitment to your Privacy**

Our practice is dedicated to maintaining the privacy of your child's IIHI. In conducting your business, we will create records regarding your child and the treatment and services we provide to your child. We are required by law to maintain the confidentiality of health information that identifies your child. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your child's IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated but we must provide you with the following important information:

- How we may use and disclose your child's IIHI
- Your child's privacy rights regarding his/her IIHI
- Our obligations concerning the use and disclosure of your child's IIHI

The terms of this notice apply to all records containing your child's IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your child's records that our practice has created or maintained in the past, and for any of your child's records that we may create or maintain in the future. You may request a copy of our current Notice at any time.

### **B. If You Have Questions About This Notice, Please Contact:**

Dr. Trey's Children's Dentistry at 303 N. Section, Fairhope, AL 36532, telephone # 251-928-3030.

### **C. We May Use and Disclose Your Child's IIHI In The Following Ways:**

1. **Treatment.** Our practice may use your child's IIHI to treat him/her. For example, we may ask your child to have laboratory tests and we may use the results to help us reach diagnosis. We might use your child's IIHI in order to write a prescription, or we might disclose your child's IIHI to a pharmacy when we order a prescription for your child. Many of the people who work for our practice, including but not limited to the dentists, hygienists and assistants, may use or disclose your child's IIHI in order to treat your child or to assist others in his/her treatment. Additionally, we may use your child's IIHI to bill you directly for services and items.
2. **Payment.** Our practice may use your child's IIHI to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that your child is eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your child's treatment. We may also use and disclose your child's IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your child's IIHI to bill you directly for services and items.
3. **Health Care Operations.** Our practice may use and disclose your child's IHI to operate our business. As examples of the ways in which we may use and disclose your child's information for our operations, our practice may use your IIHI to evaluate the quality of care that your child received from us, or to conduct cost-management and business planning activities for our practice.
4. **Disclosures Required By Law.** Our practice will use and disclose your child's IIHI when we are required to do so by federal, state or local law.

5. **Appointment Reminders.** Our practice may use and disclose your child's IHI to contact you and remind you of an appointment.
6. **Treatment Options.** Our practice may use and disclose your child's IHI to inform you of potential treatment options or alternatives.
7. **Health-Related Benefits and Services.** Our practice may use and disclose your child's IHI to inform you of health-related benefits or services that may be of interest to you.
8. **Release of Information to Family/Friends.** Our practice may release your child's IHI to a friend or family member that is involved in your child's care, or who assists in taking care of your child. For example, a parent or guardian may ask that a babysitter take their child to our practice for treatment. In this example, the babysitter may have access to this child's medical information.

#### **D. Use and Disclosure of Your Child's IHI In Certain Special Circumstances**

The following categories describe unique scenarios in which we may use or disclose your child's IHI:

1. **Public Health Risks.** Our practice may disclose your child's IHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths
  - Reporting child abuse or neglect
  - Preventing or controlling disease, injury or disability
  - Notifying a person regarding potential exposure to a communicable disease
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - Reporting reactions to drugs or problems with products or devices
  - Notifying individuals if a product or device they may be using has been recalled
  - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
  - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance
2. **Health Oversight Activities.** Our practice may disclose your child's IHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your child's IHI in response to a court or administrative order, if you and/or your child is involved in a lawsuit or similar proceeding. We also may disclose your child's IHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release IHI if asked to do so by a law enforcement official:
  - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
  - Concerning a death we believe has resulted from criminal conduct
  - Regarding criminal conduct at our office
  - In response to a warrant, summons, court order, subpoena or similar legal process
  - To identify/locate a suspect, material witness, fugitive or missing person
  - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. **Optional: Deceased Patients.** Our practice may release IHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. **Optional: Organ and Tissue Donation.** Our practice may release your child's IHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if your child is an organ donor.
7. **Optional: Research.** Our practice may use and disclose your child's IHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your child's IHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (c) the IHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the IHI of the decedents.
8. **Serious Threats to Health or Safety.** Our practice may use and disclose your child's IHI when necessary to reduce or prevent a serious threat to your child's health and safety or the health and safety of another individual of the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
9. **Military.** Our practice may disclose your child's IHI if he/she is a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
10. **National Security.** Our practice may disclose your child's IHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your child's IHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
11. **Inmates.** Our practice may disclose your child's IHI to correctional institutions or law enforcement officials if your child is an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide healthcare services to your child, (b) for the safety and security of the institution, and/or (c) to protect your child's health and safety or the health and safety of other individuals.
12. **Workers' Compensation.** Our practice may release your child's IHI for workers' compensation and similar programs.

#### **E. Your Child's Rights Regarding His/Her IHI**

Your child has the following rights regarding the IHI that we maintain about him/her:

1. **Confidential Communications.** You and your child have the right to request that our practice communicate with you about your child's health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Dr. Trey's Children's Dentistry specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your child's IHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your child's IHI to only certain individuals involved in your child's care or the payment of your child's care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat your child. In order to request a restriction in our use or disclosure of your child's IHI, you must make your request in writing to Dr. Trey's Children's Dentistry at 303 N. Section Street, Fairhope, AL. Your request must describe in a clear and concise fashion:
  - a. The information you wish restricted;
  - b. Whether you are requesting to limit our practice's use, disclosure or both; and
  - c. To whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the IHI that may be used to make decisions about your child, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Dr. Trey's Children's Dentistry at 303 N. Section Street, Fairhope, AL 36532 in order to inspect and/or obtain a copy of your child's IHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our

practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

4. **Amendment.** You may ask us to amend your child's health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Dr. Trey's Children's Dentistry, 303 N. Section Street, Fairhope, AL 36532. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting the request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our patients (and their parents/guardians) have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your child's IIHI for non-treatment or operations purposes. Use of your child's IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the hygienist or assistant, or the billing department using your child's information to file and insurance claim. In order to obtain an "accounting of disclosures," you must submit your request in writing to Dr. Trey's Children's Dentistry, 303 N. Section Street, Fairhope, AL 36532. All "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Dr. Trey's Children's Dentistry @ 251-928-3030.
7. **Right to File a Complaint.** If you believe your child's privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Dr. Trey's Children's Dentistry @ 251-928-3030. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your child's IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's IIHI for the reasons described in the authorization. Please note, we are required to retain records of your child's care.

***Again, if you have any questions regarding this notice or our health information privacy policies, please contact Dr. Trey's Children's Dentistry, 303 N. Section Street, Fairhope, AL 36532. Telephone: 251-928-3030.***