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HEATHER J BROWN, DDS  
FAMILY DENTISTRY

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## Notice Of Privacy Practices

**Purpose:** This form, Notice of Privacy Practices, presents the information that federal law requires us to give our patients regarding our privacy practices.

We must provide this Notice to each patient beginning no later than the date of our first service delivery to the patient, including service delivered electronically, after April 14, 2003.

We must make a good-faith attempt to obtain written acknowledgement of receipt of the Notice from the patient.

We must also have the Notice available at the office for patients to request to take with them.

We must post the Notice in our office in a clear and prominent location where it is reasonable to expect any patients seeking service from us to be able to read the Notice.

Whenever the Notice is revised, we must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the Notice to each new patient at the time of service delivery and to any person requesting a Notice. We must also post the revised Notice in our office as discussed above.

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice please contact the Privacy Officer

Effective: September 25, 2013

Revised: October 25, 2013

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## **OUR LEGAL DUTY**

### **We are committed to protect the privacy of your personal health information (PHI).**

This Notice of Privacy Practices describes how we may use within our practice and disclose (share outside our practice) your PHI to carry out treatment, payment, or healthcare operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI.

We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice at any time. Any changes will apply to all PHI. Upon request we will provide you with any revised notice by

- Posting the new Notice in our office
- If requested, making copies of the new Notice available in our office or by mail.
- Posting the revised Notice on our website at [www.HBrownDDS.com](http://www.HBrownDDS.com)

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## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

### **We may use or disclose (share) your PHI to provide health care treatment for you.**

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you.

Example: Your PHI may be provided to a physician to whom you have been referred for evaluation to insure that the physician has the necessary information to diagnose or treat you. We may also share your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, becomes involved in your care by providing assistance with your health care.

### **We may use and disclose your PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for.**

PHI may be shared with Billing companies, Insurance companies and health plans, government agencies in order to assist with qualification of benefits, and collection agencies.

Example: You are seen at our practice for a procedure. We will need to provide information such as x-rays to your insurance company so that we can get paid for the procedure. We may at times contact your health care plan to receive approval PRIOR to performing certain procedures to ensure the services will be paid for. This will require sharing your PHI.

### **We may use or disclose, as needed, your PHI in order to support the business activities of this practice called health care operations.**

Examples:

- Training Students, other health care providers, or ancillary staff such as billing personnel to help them learn or improve their skills.
- Quality improvement processes which look at delivery of health care and for improvement in processes which will provide safer, more effective care for you.
- Use of information to assist in resolving problems or complaints within the practice.

### **We may use and disclose your PHI in other situations without your permission:**

- If Required By Law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, we may be required to report gunshot wounds or suspected abuse or neglect.
- Public Health Activities. The disclosure will be made for the purpose of controlling disease, injury, or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- Health Oversight Agencies. We may disclose protected health information to a health oversight agency for activities authorized by law such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Legal Proceedings. To assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.
- Police or Other Law Enforcement Purposes. The release of PHI will meet all applicable legal requirements for release.
- Coroners, Funeral Directors. We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.
- Medical Research. We may disclose PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- Social Government Purposes. We may disclose PHI for national security purposes or if you are a member of the military, to the military under limited circumstances.
- Correctional Institutions. Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of others.
- Workers' compensation. Your PHI may be disclosed to comply with workers' compensation laws and other similar legally established programs.

### **Other uses and disclosures of your health information.**

Business Associates: Some services are provided through the use of contracted entities called "business associates". We will only release the minimum amount of PHI Necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies or transcription services.

Health Information Exchange: We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.

Fundraising Activities: We may contact you in an effort to raise money. You may opt out of such communications.

Treatment Alternatives: We may provide you notice of treatment options or other health related services that may improve your overall health.

Appointment Reminders: We may contact you as a reminder about upcoming appointments or treatment.

**We may use or disclose your PHI in the following situations UNLESS you object:**

- We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree or object, we will use professional judgment to determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to our office unless you tell us specifically not to share the information.
- We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, general condition, or death.
- We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

**The following uses and disclosures of PHI require your written authorization:**

- Marketing
- Disclosure for any purpose which require the sale of your information
- Release of psychotherapy notes which may have been made available to us by a mental health professional.

**All other uses and disclosures not written in the Notice will require a written authorization from you or your personal representative.**

Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that this office has released information based on the directions provided in the authorization, no further use or disclosure will occur.

**YOUR PRIVACY RIGHTS**

You have certain rights related to your protected health information. All requests to exercise your rights must be in writing. Such requests should be directed to: Dr. Heather Brown, 7825 Ballantyne Commons Parkway Suite 200, Charlotte, NC, 28277.

**You have the right to see and obtain a copy of your protected health information.**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. If requested we will provide you a copy of your records in electronic formation. There are some exceptions to records which may be copies and the request may be denied. We may charge you a reasonable fee for a copy of the records.

**You have the right to request a restriction of your protected health information.**

You may request that this practice not use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request we will honor the restriction request unless the information is required to provide emergency treatment.

**There is one exception:** We must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.

**You have the right to request that we communicate in different ways or different locations.**

We will agree to reasonable requests. We may also request an alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

**You may have the right to request an amendment of your health information.**

You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have the opportunity to disagree.

**You have the right to a list of people or organizations who have received your health information from us.**

This right applies to disclosures for purposes other than treatment, payment, or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14,2003. You may request them for the previous six years or a shorter timeframe. If you request more than one list within a 12 month period you may be charged a reasonable fee.

**ADDITIONAL PRIVACY RIGHTS**

- You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation, we will give you this Notice as soon as possible.
- You have the right to receive notification of any breach of your PHI

**COMPLAINTS**

If you think we have violated your rights or you have a complain about our privacy practices you can contact Dr. Heather Brown, 7825 Ballantyne commons Parkway, Suite 200, Charlotte, NC, 28277.

You may also complain to the United States Secretary of health and Human Services if you believe your rights have been violated by us. If you file a complaint we will not retaliate against you for filing a complaint.