**NOTICE OF PRIVACY PRACTICES**

13605 Reese Blvd., West, Huntersville, NC 28078

Phone: 704-948-1111 Fax: 704-948-1991 [www.ReimelsDentistry.com](http://www.ReimelsDentistry.com)

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

 We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

**TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS**

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use of disclose information for treatment purposes: scheduling an appointment for you; examining your teeth; prescribing medications, faxing them to the pharmacy; referring you to another doctor or clinic for other health care or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we disclose your health information for payment purposes are: asking you about your health or dental care plans, ither sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). “Healthcare operations” mean those administrative and managerial functions that we must do to manage our office. Examples of how we use or disclose your health information for healthcare operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we will usually not request special written permission.

**USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to disclose your health information without your permission. Not all situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

* When a state or federal law mandates that certain health information be reported for a specific purpose
* For public health purposes, such as contagious disease reporting; investigation or surveillance; and notices to and from the federal Food and Drug Administrations regarding drugs or medical devices
* Disclosure to governmental authorities about victims of suspected abuse, neglect or domestic violence
* Uses and disclosures for health oversight activities such as, the licensing of doctors; audits by Medicare or Medicaid; or for investigation of possible violations of health care laws
* Disclosures for judicial and administrative proceedings such as, in response to subpoenas or orders of courts or administrative agencies
* Disclosures for law enforcement purposes such as, providing information about someone who is or is suspected to be a victim or a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else
* Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations
* Uses or disclosures for health-related research
* Uses and disclosures to prevent a serious threat to health or safety
* Uses or disclosures for specialized government functions such as, the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service
* Disclosures on de-identified information
* Disclosures of a “limited data set” for research, public health or healthcare operations
* Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures
* Disclosures to “business associates” who perform healthcare operations for us and who commit to respect the privacy of your health information

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your dental care.

**APPOINTMENT REMINDERS**

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we may text or email you an appointment reminder, and/or leave a message on your answering message machine or with someone who answers your phone if you are not home.

**OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your health information unless you sign a written ‘authorization form.” The content of an authorized form is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it’s your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office address listed at the top of this Notice.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your health information. You can:

* Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations. We do not have to agree to this, but if we agree, we must honor the restrictions you want. To ask for a restriction, send us a written request to our office address, fax or email shown at the top of this Notice.
* Ask us to communicate with you in a confidential way such as, by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address. We will accommodate these requests if they are reasonable, and if you reimburse us for any additional costs. If you want to ask for confidential communications, send a written request to our office, fax or email shown at the top of this Notice.
* Ask us to see photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, you will be able to review or have a copy of your health information within 30 days of the request (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have a 30-day extension of the time for us to give you access or photocopies if we send you written notice of the extension. If you want to review or get photocopies of your health information, send us a written request to our office, fax or email shown at the top of this Notice.
* Ask us to amend your health information if you think it is incorrect or incomplete. If we agree, we will amend the information within 60 days of your request. We will send the corrected information to the people who we know received the wrong information, and others that you specify. If we do not agree, you can write a statement of your position and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we send it whenever we make a permitted disclosure of your health information. By law, we can have a 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send us a written request to our office, fax or email shown at the top of this Notice.
* Get a list of disclosures that we have made of your health information within the past six years (or a shorter period upon request). By law, the list will not include disclosures for purposes of treatment, payment or healthcare operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year within charge. If you want more frequent lists, you will need to pay for them in advance. We usually respond to your request within 60 days of receiving it. However, by law, we can have a 30-day extension of the time if we notify you of the extension in writing. If you want a list, send us a written request to our office, fax or email shown at the top of this Notice.
* Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send us a written request to our office, fax or email shown at the top of this Notice.

**OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practice will to your health information we already have and to such information we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our website.

**COMPLAINTS**

 If you think we have not properly resected the privacy of your health information, you are free to complain to us, the U.S. Department of Health and Human Services, and Office of Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send us a written request to our office, fax or email shown at the top of this Notice. If you prefer, you can discuss your complaint in person or by phone.

**FOR MORE INFORMATION**

 If you want more information about our privacy practices, call or visit our office, fax or email us at the information at the top of this Notice.

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