

**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.**

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

**TREATMENT, PAYMENT, AND HEALTH CARE 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 or disclose information for treatment purposes are: setting up an appointment for you; examining your teeth; prescribing medications and faxing them to be filled; 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 use or disclose your health information for payment purposes are: asking you about your health or dental care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care 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.

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

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these 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 Administration regarding drugs or medical devices;
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for the 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 to provide information about someone who is or is suspected to be a victim of 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 or disclosures to prevent a serious threat to health or safety;
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health members of the foreign service;
- Disclosures if de-identified information;
- Disclosures relating to worker's compensation programs;
- Disclosures of a "limited data set" for research, public health, or health care problems;
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;
- [Edit: (specify other uses and disclosures affected by state law)]

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 will leave you a reminder message of your appointment on your home phone answering machine or with someone who answers the phone if you are not at home, or at work.

Charles M. Guizzotti, DDS, PA  
Sandhills Smiles  
Notice of Privacy  
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## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you certain rights regarding your health information. You may:

- 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 do agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to our office at the address, fax or email shown at the beginning of this notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at home instead of at work, by mailing health information to a different address, or by using your personal email.
- Ask to see or receive copies of your health information. By law, there are limited situations in which we can refuse to permit access or copying. For the most part, you will be able to have access to your information within 30 days of our office receiving your request (60 days if your 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 on how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension for us to give you access or photocopies.
- 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 from when you ask. If we do not agree, you can write a statement of your position and we will include it with your health information. We have one 30-day extension of time to consider a request for an amendment.
- Request a list of disclosures we have made with your health information within the past six years. By law, this list will not include disclosures for treatment, payment or health care operations or disclosures required or requested by law. All disclosures must be made in writing.
- Get additional paper copies of the Notice of Privacy upon written request to our office.

## **COMPLAINTS**

If you think that we have not properly respected the privacy of your personal health care information, you may file a complaint with our office, the US Department of Health and Human Services or the Office for Civil Rights.