

# Your Information. Your Rights. Our Responsibilities.

## Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you may access this information.

Please review it carefully.

The privacy of your health information is important to us.



## Our Responsibilities:

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. This Notice takes effect as of the date of signing and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information, or for additional copies of this Notice, please contact us.

## Changes to the Terms of this Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

## This Notice of Privacy Practices applies to all the following Organizations.

Brewer Dental Center-West, Brewer Dental Center-Heights. Brewer Dental Orthodontic and Pediatric Center, Brewer Dental Education Center and all members of the Dental Staff.

## Questions and Complaints:

If you have questions or concerns, please contact the Privacy Compliance Officer at, [compliance@brewerdentalcenter.com](mailto:compliance@brewerdentalcenter.com), or 406-656-6100. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, please contact us in writing. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint, upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us, or with the U.S. Department of Health and Human services.

## Our Uses and Disclosures:

We use and disclose health information about you for treatment, payment, and healthcare operations. For Example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain a payment for services we provided you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improved activities, review competence or qualifications of healthcare professionals, evaluation practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization. You may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it is in effect.

Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To your family and friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons involved in Care:** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement to disclose only the health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Service:** We will not use your health information for marketing communications without your written authorization.

**As Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Appointment Reminders:** We may disclose your health information to provide you with appointment reminders, such as voicemail, text messages, email and postcards.

## Our Uses and Disclosures continued:

**Abuse or Neglect:** We may use or disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may use or disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal official's health information required for lawful intelligence, counter intelligence, and health information of inmate or patient under certain circumstances.

## Your Rights:

When it comes to your health information, you have certain rights

**Access:** You have the right to view or receive copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photo copies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by contacting our office. We may charge a reasonable fee for expenses such as copies and staff time. If you request an alternative format, we may charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

**Disclosure Accounting:** You have the right to receive a list of instances in which we, or our business associates, disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities for the last six years, but not before April 14, 2003. If you request this accounting more than once in a twelve-month period, we may charge you a reasonable, cost-based fee.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to the additional restrictions, but if we do, we will abide by our agreement, (excluding emergencies).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify alternative means or locations and provide satisfactory explanation of how payment will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our website by electronic mail, you are entitled to receive this Notice in written form.