

Dr. William D. Neale Orthodontics
NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

OUR LEGAL DUTY

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 this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the 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 the changes. Before we make a significant change in our privacy practices, we will change this Notice and make a new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

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. This may include correspondence by phone, facsimile, e-mail, or letter. This correspondence can be throughout treatment and may also include copies of x-rays, pictures, or models. Due to our office structure, which is an open treatment area, treatment will be performed in an open environment. This includes computer screens that will display limited treatment information about the patient while being seen. We will do our best to be as discreet as possible with the patient information that is displayed and discuss while the patient is in the treatment area. If at any time you feel that your information needs to be discussed in a more private environment, we will do our best to honor your request to move the discussion to a more private location when available.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include improvement activities and quality assessment within the practice, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, certification, accreditation, licensing or credentialing activities.

Correspondence: Throughout treatment, various forms of communication may be used to inform patients of treatment related topics. Postcards may be sent regarding appointment dates/times, missed appointments, birthdays, or other special occasions. These postcards are not sealed, therefore will contain only relevant information. Any other correspondence done by mail, such as letters concerning treatment or payments will be sent in a sealed envelope to ensure privacy. If you enter your e-mail address into our system, correspondence regarding appointments, payments, and birthdays may also be sent via e-mail. If at any time you would like to request that correspondence no longer be sent via e-mail, you may request that e-mail correspondence no longer be sent. Phone calls will also be used throughout treatment to confirm appointments, remind patient of missed appointments, discuss treatment concerns, and discuss financial situations.

Your Authorization: In addition to our use of your health information for treatment purposes, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was 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 Patients 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 of your healthcare, but only if you agree that we may do so. (Example: Giving treatment information and/or instructions to a family member or friend when they accompany a minor to their appointment)

Persons Involved In Care: We may use or disclose your 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 the 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 judgment disclosing only 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 medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your authorization to do so. Our office currently displays photographs of patients who have completed treatment with us, and who have willingly had photographs taken to display in our office for an undetermined length of time. We will not request authorization for these photographs, since it is assumed when the patient has the pictures taken that they will be displayed in our office. We also may display the names of patients who are having a birthday for the current month. If you do not want your name posted on this board, you may request that it not be listed. We also may display photographs of our new patients in the new patient room. If you do not want your photograph displayed, you have the right to request that it not be displayed. If patient information is used for any other marketing tool, such as our website, advertisements or brochures, we will obtain written permission prior to its use.

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

Abuse or Neglect: We may 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 disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to access your health information. We will charge you a reasonable cost-fee for expenses such as copies and staff time. We will charge you \$.15 for each copied page plus the cost of postage if you want the copies mailed to you. If you want copies of x-rays or other items, you will also be charged the customary fee for duplicates of these items. If you prefer, we can prepare a summary or an explanation of your treatment information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

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 these additional restrictions, but if we do, we will abide by our agreement. (except in an emergency)

Alternative Communications: 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 the alternative means or location, and provide satisfactory explanation how any payments 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 Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form on request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we have made in regards to accessing your health information or in response to a request you have made to amend or restrict the use of disclosures of your health information, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services.

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.

Contact Officer: Melia Evans

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