

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

*If you have any questions about this Notice, please contact our Privacy Officer at the number listed at the end of this Notice. Each time you visit a healthcare provider, a record of your care is created. Typically, this record contains medical/dental information such as your symptoms, examination, test results, diagnoses, treatment and/or treatment plan and billing-related information. This information is considered protected health information (PHI).*

This Notice is intended to advise you about the ways we may use and disclose medical information about you. It also describes your rights and certain obligations with regard to your medical information and applies to all of the records of your care generated by your healthcare provider(s) for our organization.

**Our Responsibilities**

The dental practice of Premier Dental Group of Wellesley is required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on 5/9/16 and will remain in effect until we replace it. We are required by law to abide by the terms of this Notice and notify you if changes are made. We reserve the right to make changes to the Notice and make the new provisions effective for all protected health information we maintain.

Copies of our Notice are available at our main reception area and on our website. You may request a copy of the NPP at any time.

**How We May Use and Disclose Medical Information About You.** We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

**For Treatment:** We may use and disclose your health information for your treatment. For example, we may disclose your health information to specialists, referring dentists, nurses, physicians, technicians, clinical laboratories, imaging centers, dental students, or other personnel who are involved in your care. We may communicate your information using various methods: orally, written, facsimile and electronic communications. We may provide other healthcare professionals who contribute to your care with copies of various reports and information to assist him/her and ensure that they have appropriate information regarding your condition/treatment plan and diagnosis.

**For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. Examples may include contacting your insurance company for referrals, verification or preapproval of covered services.

**For Health Care Operations:** We may use or disclose, as needed, your health information in order to support our business activities. These activities may include, but are not limited to: quality assessments, employee review activities, licensing, legal advice, accounting support, information systems support. We may contact you to remind you of your appointment by telephone or reminder card unless requested otherwise.

**Business Associates, BA:** Provide services for our organization through written contracts and/or service agreements. Examples of these services may include IT service, software support, accounting and legal support. We may disclose your health information to a BA so they can perform the services we have asked them to do such as billing your third-party payer for services rendered. The BA is also required by law to protect and safeguard your health information, which is clearly defined through our Business Associate Agreement and written contracts/service agreements.

**Breach Notification:** In the event that there has been a breach of unsecured protected health information (PHI) identified on behalf of our organization or a BA you will be notified within at least 60 days of the breach. In addition to your individual notification we may be required to meet further reporting requirements set forth by state and federal agencies.

**Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

We will not use and disclose information without your written authorization, except as described in this Notice or as required by applicable laws.

Written authorization is required for, most uses and disclosures of psychotherapy notes; PHI for marketing purposes unless we speak with you and disclosures that constitute a sale of PHI.

If you provide an authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your authorization.

**Individuals Involved in Your Care or Payment for Your Care:**

Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care or who helps to pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Future Communications:** We may communicate with you via newsletters, mailings, texting or other means regarding treatment options and information on health-related benefits or services; to remind you that you have an appointment; or other community based initiatives or activities to include limited marketing or fundraising initiatives in which our facility is participating. You have the right to **opt out** at any time if you are not interested in receiving these communications or methods of communications. Please contact our Privacy Officer. Marketing and Fundraising initiatives, if applicable are limited and may require a separate authorization.

**Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object.**

We may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include: **As required by law:** We may use and disclose health information to the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- Authority that receives reports on abuse and neglect