



HIPAA NOTICE OF PRIVACY PRACTICES

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.

Q Dental Care is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

DISCLOSURE OF YOUR HEALTH CARE INFORMATION

TREATMENT

We may use or disclose your health care information to other health care professionals for the purpose of treatment, payment or health care operations.

PAYMENT

We may use or disclose your health information to obtain payment for services we provide to you.

WORKERS' COMPENSATION

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

EMERGENCIES

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

PUBLIC HEALTH

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

We may disclose your health information in the course of any administrative or judicial proceeding.

LAW ENFORCEMENT

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

DECEASED PERSONS

We may disclose your health information to coroners or medical examiners.

ORGAN DONATION

We may disclose your health information to organization involved in procuring, banking, or transplanting organs and tissues.

RESEARCH

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

PUBLIC SAFETY

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

SPECIALIZED GOVERNMENT AGENCIES

We may disclose your health information for military, national security, prisoner and government benefits purposes.

MARKETING

We may contact you for marketing purposes.

CHANGE OF OWNERSHIP

In the event that Q Dental Care is sold or merged with another organization, your health/dental information/record will become the property of the new owner.

APPOINTMENT REMINDERS

We may use or disclose your health information to provide you with appointment reminders (such as voicemail, messages, postcards, or letters).

PATIENT RIGHTS

You have the right to request restrictions on certain uses and disclosures of your health/dental information. Please be advised, however, that Q Dental Care is not required to agree to the restriction that you requested.

You have the right to have your health/dental information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request. (Must be made in writing)

You have the right to inspect or get copies of your health/dental information. (You must make a request in writing to obtain access to your health information) We may charge you a reasonable cost-based fee for expenses such as copies and staff time.

You have a right to request that Q Dental Care amend your protected health/dental information. Please be advised, however, that Q Dental Care is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

You have a right to receive an accounting of disclosures of your protected health/dental information made by Q Dental Care.

You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

Q Dental Care reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Q Dental Care is required by law to comply with this Notice.

Q Dental Care is required by law to maintain the privacy of your health/dental information and to provide you with notice of its legal duties and privacy practices with respect to your health/dental information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Q Dental Care by calling this office at 610-826-3656. If Q Dental Care is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

COMPLAINTS

Complaints about your privacy rights, or how Q Dental Care has handled your health/dental information should be directed to Q Dental Care by calling this office at 610-826-3656. If Q Dental Care is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 515F HHH Building
Washington, DC 20201

This notice is effective as of the date listed on the acknowledgement form along with my signature.