



Zöe Dental HIPAA Notice of Privacy Practices

Privacy Officer: Erin Caughorn

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

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 protected health information (PHI) and what rights you have regarding it.

Treatment, Payment, and Health Care Operations:

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to a physician to who you have been referred to ensure that the physician had the necessary information to diagnose or treat you. Your PHI will be used, as needed, to obtain payment for your health care services. For example, preparing and sending bills or claims. We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. For example, we may use a sign in sheet at the registration desk. We may also call you by name in the reception area, or contact you for appointment reminders.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your PHI outside our office for these reasons, we usually will not ask you for special written permission.

Uses and Disclosures for Other Reasons without Permission:

In some limited situations, the law allows or requires us to use or disclose your PHI without your permission. Such uses and 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 investigation of possible violations of health care laws;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or order 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 a crime; to provide information about a crime at our office; or to report a crime that happened elsewhere;
- 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 and disclosures for health related research;
- Uses and disclosures to prevent a serious threat to health or safety;
- Uses and disclosures for specialized government functions, such as for military purposes;
- Disclosures of de-identified information;

- Disclosures related to worker's compensation programs;
- Disclosures of a limited data set for research, public health, or health care operations;
- Incidental disclosures that are unavoidable by-product of permitted uses or disclosures;
- Disclosures to business associates who perform health care operations for the practice and who commit to respect the privacy of your PHI

Unless you object, we will also share relevant information about your care with your family or a representative who are helping with your dental care.

Appointment Reminders:

We may call or write to remind you of scheduled appointments, or that it is time to schedule an appointment. Unless you request otherwise, we will mail you an appointment reminder and/or leave a reminder message via the contact information you provide.

Other Uses and Disclosures:

We will not make any other uses or disclosures to your health information unless you sign a written authorization form. The content of an authorization form is determined by federal law. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action on the use or disclosure indicated in the authorization.

Your Rights Regarding Your Health Information:

The law gives you rights regarding your health information.

- You have the right to inspect and copy your PHI. Under federal law, however, you may not inspect information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.
- You have the right to request a restriction of your PHI. This means that you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment, or health care operations. You may also request that any part of your PHI not be disclosed to family members or representatives who may be involved in your care or notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted, you then have the right to use another health care professional.
- You have the right to obtain copies of your PHI. By law, there are limited situations in which we can refuse to permit access or copying. We have thirty days from your request to copy your PHI.
- You have the right to ask us to amend your PHI if you think it is incorrect or incomplete. If we agree, the information will be amended within sixty days of your request.
- You have the right to receive confidential communications from us by alternative means or at an alternative location.
- You have the right to obtain a copy of the disclosures that have been made of your PHI. By law, the list will not include: disclosures for purposes of treatment, payment or health care operations, disclosures with your authorization, incidental disclosures, disclosures requested by law, and some other limited disclosures.
- You have the right to obtain a paper copy of this Notice of Privacy Practices upon request.

Our Notice of Privacy Practices:

By law, we must abide by the terms of the Notice of Privacy Practices. We reserve the right to change the terms of this notice and will inform you by mail of any changes.

Complaints:

You may file a complaint with the Privacy Officer. We will not retaliate against you for filing a complaint. Privacy Officer: Erin Caughorn (828)274-1616 erin@zoedental.com