

Miller Family & Cosmetic Dentistry

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy and security of your protected health information, to follow the duties and privacy practices described in this notice and give you a copy of it, and to notify you promptly if a breach occurs that may compromise the privacy or security of your information. We are not to use or share your information, other than what is described in this notice, unless you tell us we can in writing. If you tell us we can and then change your mind, you are to let us know that you have changed your mind.

You may request a copy of our Notice of Privacy Practices 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.

YOUR RIGHTS: When it comes to your health information you have certain rights. This section explains your rights.

- **Access.** You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address provided. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible.
- **Disclosure Accounting.** With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit a request in writing to the Privacy Official.
- **Right to Request a Restriction.** You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include 1) what information you want to limit, 2) whether you want to limit our use, disclosure or both, and 3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan of purposes of carrying our payment and health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.
- **Alternative Communication.** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests; however, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.
- **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. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.
- **Right to Notification of a Breach.** You will receive notifications of breaches of your unsecured protected health information as required by law.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We typically use or share your health information in the following ways:

Treatment. We can use your health information and share it with other professionals who are treating you. For example, we may disclose your health information to a specialist providing treatment to you.

Payment. We may use or share your health information to obtain reimbursement for treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third-party. For example, we may send your claims to your dental health plan containing certain health information.

Healthcare Operations. We can use your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Individuals Involved in Your Care or Payment of Your Care. We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment of your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat the patient representative the same way we would treat you with respect to your health information.

Disaster Relief. We may use or disclose your health information to assist in disaster relief efforts.

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

Public Health Activities. We can share your health information for certain situations such as; preventing disease, report child abuse or neglect, report reactions to medications or problems with products or devices, and notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

National Security. We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the PHI of an inmate/patient.

Secretary of HHS. We may disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Workers Compensation. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement. We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities. We may disclose you PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order.

Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors. This may be necessary, for example, to identify a deceased person or determine the cause of death.

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

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 if you disagree with a decision we made about access to your PHI 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, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the U.S. Department of Health and Human Services upon request.

Telephone: 843-664-8777, Fax: 843-667-1925
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