

## Patient Name

First Name

Last Name

## Notice of Privacy Practices

### 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.

Todd S. Klein, D.D.S

Todd S. Klein D.D.S. is required by law to maintain the privacy of your protected health information {PHI} and to provide individuals with notice of its legal duties and privacy practices currently in effect with respect to PHI. This Notice describes how we may use and disclose your PHI for treatment, payment, and for health care operations as well as for other purposes that are permitted or required by law. 45 CFR \*164.520.

Todd S. Klein, D.D.S. reserves the right to change the terms of this Notice and make the new notice provisions effective for all the PHI we maintain. If practice makes a material change to this Notice, we will post the changes promptly. A paper copy of this Notice is available upon request.

### Effective Date

This Notice of Privacy Practices became effective on June 4, 2012 and was amended on August 22, 2013

### Types of Uses and Disclosures of your PHI

"Treatment" - We will use and disclose your PHI to provide, coordinate or manage your dental health care and any related services. We will also disclose PHI to other providers who may be treating you such as a specialist.

"Payment" - We will use your PHI to obtain payment for the dental health care services provided. For example, we may provide information to a health insurance company or business associate to obtain payment for the treatment provided for you.

"Healthcare Operations" - We will use your PHI to support the management of our dental office. For example, we may use information about you to conduct quality performance reviews regarding our services or the performance of our staff. Additionally, we may obtain services from business associates such as training programs, legal services and insurance.

### HITECH Amendments

HITECH Act Breach Notification Requirements: The HITECH Act requires us to notify each individual whose unsecured PHI has been, or is reasonably believed to have been accessed, acquired or disclosed due to a breach. The HITECH Act imposes a similar requirement on Business Associates. "Unsecured PHI" refers to PHI that is not secured through the use of technologies or methodologies that render the PHI unusable, unreadable, or indecipherable to unauthorized individuals.

Restriction of Disclosure: The HITECH Acts restricts us from refusing an individual's request not to use or disclose the individual's PHI in instances where the patient's services were paid out of pocket to prevent the information from flowing to the health plan since no claim is being made against the third party payer.

Access to Electronic Health Records (EHRs): The HITECH Act expands the right of records access. Individuals have the right to access their EHR in an electronic format and to direct us to send the e-record directly to a third party. We may only charge for the labor costs to

transfer this information.

**Expansion of Accounting Disclosures:** The HITECH Act removed the accounting of disclosures exception of PHI to carry out treatment, payment and healthcare operations. All such disclosures must be accounted for if the disclosure is made through an EHR. We also will provide the individual with a list and contact information for all relevant business associates to obtain an accounting of disclosures of PHI.

**Prohibition on Sale of PHI:** The HITECH Act prohibits covered entities and business associates from receiving indirect or direct renumeration in exchange for PHI without obtaining an authorization from the individual unless such an exchange meets one of the exceptions listed by the government.

#### **Todd S. Klein D.D.S.' Responsibilities**

**Certain Uses or Disclosures:** We will use and disclose your PHI when required to by federal, state or local law.

**Appointment Reminders:** We may contact you to provide appointment reminders via telephone, post cards and E-mail. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Revocation:** Other uses and disclosures will be made only with your written authorization and you may revoke such authorization.

**Public Health and Safety:** We will use and disclose your PHI to public health authorities permitted to collect or receive information for the purpose of controlling disease, injury or disability.

#### **Individual Rights**

**Request Restriction of Disclosures:** You have the right to request restrictions on certain uses and disclosures of PHI and under HIPPA, Todd S. Klein, D.D.S. is not required to agree to the restriction unless as clarified by defined by the HITECH Act.

**Right to Receive Confidential Communications:** You have the right to receive confidential communications. Please specify your preference of communication in writing to us such as your home telephone, work telephone, mobile telephone, and /or email. We may provide relevant portions of your PHI to a family member, relative, close friend or any other person you identify as being involved in your dental care or payment.

**Right to PHI:** You have the right to inspect and copy the PHI that we maintain about you in our designated record set for as long as we maintain the information. We may charge a fee for the costs of copying, mailing or other supplies used in fulfilling your request. Please contact the Privacy Officer to inspect your record or receive a copy.

**Right to Amend:** You have the right to request that we amend your health information if you feel it is incomplete or inaccurate. You must make the request in writing to our Privacy Officer stating the reasoning that support's your request if the information was not created by our office or if the person who created is no longer available to make this amendment.

**Right to Accounting:** You have the right to receive an accounting of disclosures of your health information as required by law. Please submit a written request to our Privacy Officer.

**Right to Paper Copy:** You have a right to obtain a paper copy of the Notice of Privacy Practices.

#### **Request Information or File a Complaint**

If you have questions, would like additional information or want to report a problem regarding the handling of your PHI, you may contact the Privacy Officer at

Todd S. Klein D.D.S.  
310 Sanderson Street  
Alcoa, TN 37701  
Phone 865-983-0941  
Fax 865-984-4756

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our practice. You may also file a complaint with the Secretary of Health and Human Services at:

U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, SW  
Room 515 F HHH Building  
Washington, D.C. 20201

# Acknowledgement of Receipt of Notice of Privacy Policies

## Acknowledgement of Receipt of Notice of Privacy Policies

Your Privacy Is Important to Us

I have received a copy of the Notice of Privacy Practices of Todd S. Klein, D.D.S. I hereby authorize, as indicated by my signature below. Todd S. Klein, D.D.S. to use and to disclose my protected health information for any necessary clinical, financial, and insurance purpose, as authorized in the Patient Consent Form.

Print Patient Name	Street Address	City	State
Zip	Signature (Patient or Guardian)		Date

Please check your preferred means of communication:

You may contact me at my home telephone number	Home phone	You may contact me on my mobile telephone number	Mobile Phone
You may contact me on my work telephone number	Work Phone		You may send me an email
Best email to reach you at		Other	

## Authorized Person(s)

Please list authorized persons with whom we may discuss your Protected Health Information (PHI.) in addition to parents and legal guardians: (If not listed we cannot give information or schedule appointments)

Authorized Person's Name	Date Added/Removed
Authorized Person's Name	Date Added/Removed