

Indiana Endodontics

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPAA) and CONTACT INFORMATION FOR PROTECTED HEALTH INFORMATION

***** You may refuse to sign this acknowledgement*****

I, _____, _____ have received a copy/been offered a
Patient Name **Date of Birth**
copy of this offices Notice of Privacy Practices.

I consent for disclosure of my personal Protected Health information. You may disclose information to the following members and or/nonfamily members:

NAME	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may leave Protected Health Information on my answering machine/voicemail.
YES or NO

Phone Number: _____ Additional Phone Number: _____

Patient's Printed Name **Date of Birth** **Social Security #**

Patient's Signature (Parent/Guardian) **Date**

(For office use only)

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- _____ Individual refused to sign
- _____ Communication barriers prohibited obtaining the acknowledgement
- _____ An emergency prevented us from obtaining the acknowledgement
- _____ Other (Please Specify)

Indiana Endodontics

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US. Effective 9/23/2013

OUR LEGAL DUTY: We are required by law to protect the privacy of your protected health information (medical/dental information). We are also required to send you this notice about our privacy practices, our legal duties, and your right concerning your medical/dental information. We must follow the privacy practices that are described in this notice while it is effect. This notice takes effect on the date set forth at the top of this page and will remain in effect unless we replace it. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all medical/dental information we maintain, including medical information we created or received before we made the change. We may amend the terms of this notice at any time. If we make a material change to our policy practices, we will provide to you the revised notice. Any revised notice will be effective for all health information that we maintain. The effective date of a revised notice will be noted. A copy of the current notice in effect will be available in our facility and on our website if applicable. You may request a copy of the current notice at any time. We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our patient. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our patients' medical/dental information in accordance with applicable state and federal standard, to protect against risks such as loss, destruction or misuse.

USES & DISCLOSURES OF YOUR MEDICAL/DENTAL INFORMATION TREATMENT: We may disclose your medical information, without your prior approval, to another dentist, a physician or other health care provider working in our facility or otherwise providing you treatment for the purpose of evaluation your health, diagnosing medical conditions , and providing treatment. For Example: your health information may be disclosed to an oral surgeon to determine whether surgical intervention is needed. Payment: We provide dental services. Your medical information may be used to seek payment from your insurance plan. For example: your insurance plan may request and receive information on dates that you received services at our facility in order to allow your employer to verify and process your insurance claim.

Health Care Operations: We may use and disclose your medical information, without your prior approval, for health care operations.

Health Care Operations include:

- * Healthcare quality assessment and improvement activities.
- * Reviewing and evaluation dental care provider performance, qualifications and competence, health care training programs, provider accreditation, certification, licensing and credentialing activities.
- * Conducting or arranging for medical reviews, audits, and legal services, including fraud ad abuse detection and prevention: and
- * Business planning, development, management, and general administration, including customer service, complaint resolutions and billing, de-identifying medical information, and creating limited date sets for health care operations, public health activities, and research.

We may disclose your medical information to another dental or medical provider or to your health plan subject to federal privacy protection laws, as long as the provider or plan has or had a relationship with you and the medical information is for that provider's or plan's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization: You (or legal personal representative) may give us written authorization to use your medical information or to discuss it to anyone for any purpose. Once you give us authorization to release your medical information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than describes in this notice. We will obtain your authorization prior to using your medical information for marketing, fundraising purposes or for commercial use. Once authorized, you may opt out of any of these communications.

Family, Friends & Others Involved in Your Care or Payment for Care: We may disclose your medical information to a family member, friend or any other person you involve in your care or payment for your healthcare. We will disclose only the medical information that is relevant to that person's involvement. We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify , a person responsible for your care in appropriate situations, such as a medical emergency or during a disaster relief efforts. We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

Health-Related Products and Services: We may use your medical information to communicate with you about health-related products, benefits, services payment for those products and services, and treatment alternatives.

Reminders: We may use or disclose medical information to send you reminders about your dental care, such as appointment reminders. (such as voicemail messages, postcards, texts, email or letters).

Plan Sponsors: If your dental insurance coverage is through an employer's sponsored group dental plan, we may share summary health information with the plan sponsor.

Public Health & Benefit Activities: We may use and disclose your medical information, with out your permission, when required by law, and when authorized by law for the following kinds of public health and public benefits activities:

- For public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence:
- To avert a serious and imminent threat to health or safety:

- For health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies.
- in response to court and administrative orders and other lawful process:
- to law enforcement officials regarding crime victim's and criminal activities:
- to coroners, medical examiners, funeral directors, and organ procurement organizations:
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody: and
- as authorized by state worker's compensation laws.

If a use or disclosure of health information describes above in this notice is prohibited or materially limited by other laws that apply to us, it is out intent to meet the requirements of the more stringent law.

Business Associates: We may disclose your medical information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Data Breach Notification Purposes: We may use your contact information to provide legally required notices of unauthorized acquisition, access, or disclosure of your health care information.

Additional Restrictions on Use and Disclosure: Certain Federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including confidential information about you. "Highly confidential information" may include confidential information's under Federal laws governing alcohol and drug abuse information and genetic information as well as stat law that often protect the following types of information:

1. HIV/AIDS
2. Mental Health
3. Genetic Tests
4. Alcohol and Drug abuse
5. Sexually transmitted disease and reproductive health information: and
6. Child or adult abuse, or neglect, including sexual assault.

PATIENT RIGHTS

Access: You have the right to examine and to receive a copy of your medical information, with limited exceptions. We will use the format you request unless we cannot practicably do so. You should submit your request in writing to our Privacy Officer.

We may charge you reasonable, cost-based fees for a copy of your medical information, for mailing the copy to you, and for preparing any summary or explanation of your medical information you request. Contact our Privacy Officer for information about our fees.

Disclosure Accounting: You have the right to a list if instances in which we disclose your medical information for purpose other than treatment payment, healthcare operations, as authorized by you, and for certain other activities

You should submit your request to our Privacy Officer. We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request.

Amendment: You have the right to request that we amend your medical information. You should request in writing to our Privacy Officer.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we deny your request, you may have a statement of your disagreement added to your medical information. If we accept your request, we will make y our amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

Restriction: You have the right to request that we restrict our use or disclosure of your medical information for treatment, payment or health care operations, or with family, friends or other you identify. Except in limited circumstances, we are not required to agree to your request. But if we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. You should request to our Privacy Officer. Except as otherwise required by law, we must agree to a restriction request if:

1. except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment): and
2. the medical information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full by the patient.

Confidential Communication: You have the right to request that we communicate with you about your medical information in confidence by means or to locations that you specify. You should submit your request in writing to our Privacy Officer.

Breach Notification: You have the right to receive notice of a breach of your unsecured medical information. Breach may be delayed or not provided if so, required by a law enforcement official. You may request that notice be provided by electronic email. If you are deceased and there is a breach of your medical information, the notice will be provided to your next of kin or personal representatives if we know the identify and addresses of such individual(s).

Electronic Notice: If you receive this notice on our website or by electronic mail (email), you are entitled to receive this notice inwritten form. Please contact our Privacy Officer to obtain this notice in written form.

QUESTIONS & COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, about amending your medical information, about restricting our use or disclosure of your medical information, or about how we communicate with your medical information (including a breach notice communication) you may contact our Privacy Officer. You also may submit a written complaint to the Office for Civil Rights of the US Dept. of Health & Human Reservices, 200 Independence Ave, SW Room 509F, Washington, DC. 20201.

You may contact the Office for Civil Rights' Hotline at 1-800-368-019.We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the US Dept of Health & Human Services. **CONTACT INFORMATION** For more information about our policy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our **Privacy Officer: Dr. Douglas Ramsey 317-882-2882 email: info@indianaendo.com 8782 Madison Ave, Indianapolis, IN 46227**