

NOTICE OF PRIVACY PRACTICES

OUR LEGAL DUTY AND RESPONSIBILITIES

Your privacy is very important to us. We believe that your dental information is personal, and we are required by applicable federal and state law to maintain that privacy and security.

We are required to give you access to this Notice of Practices, and we must follow the duties and privacy practices described in this notice.

We will let you know, in a timely manner, if a breach occurs that may have compromised the privacy or security of your information.

We will not use or share your information other than described in this notice unless you inform us in writing.

We reserve the right to change our privacy practices and terms of this Notice at any time, providing such changes are permitted by law. Before any significant change to our practices, we will make the new Notice available upon request.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use or share your health information in the following ways.

TREATMENT: We may use and disclose your health information to a dentist or other healthcare providers providing treatment for you. *FOR EXAMPLE: THE DENTIST TREATING YOU ASKS ANOTHER DOCTOR ABOUT A HEALTH CONDITION.*

PAYMENT: We may use and disclose your health information to obtain payment for services we provide to you. *FOR EXAMPLE: WE GIVE INFORMATION ABOUT YOU TO YOUR DENTAL INSURANCE PLAN SO IT CAN PAY FOR YOUR SERVICES.*

FAMILY AND FRIENDS OR PERSONS INVOLVED IN CARE: We may disclose your health information to your family or friends or others involved in your care, but only with your consent. In the event of your incapacity or emergent circumstances, we will disclose health information on a determination using professional judgment, and only that which is directly relevant to the person's involvement in your care.

USES AND DISCLOSURES AS REQUIRED BY LAW: We are required to use or disclose personal health information as required and as limited by federal, state, and/or local law. This includes disclosure to a government authority if it is reasonably believed that there is abuse, neglect, or domestic violence.

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PATIENT RIGHTS

ACCESS: You have the right to ask to see and/or get copies of your medical record and other health information. Please ask us how to do this. If you request this information, we can provide a copy or summary, within 30 days of your request. A signed Dental Release Form will need to be on file for each request. We may charge you a reasonable cost-based fee for expenses of supplies and time.

AMENDMENTS OF YOUR PERSONAL HEALTH INFORMATION: You may request in writing for us to correct health information about you that you deem incorrect or incomplete. Your request must specify what is inaccurate or incomplete. We have 30 days to consider your request for amendment. We will send the corrected information to persons whom we know received the wrong/incomplete information, or whom you specify.

REQUEST CONFIDENTIAL/ALTERNATIVE COMMUNICATION: You have the right to request, within reason, that we communicate with you in a specific way, or by alternative means or location, such as an office phone or a different mailing address. We will comply with all reasonable requests, provided satisfactory explanation.

ELECTRONIC NOTICE: If you receive this Notice of Privacy Practices on our website, you are entitled to receive this Notice in written form, if requested.

COMPLAINTS

If you are concerned that we have not properly respected the privacy of your health information, you are free to contact us with a complaint. You also may submit a complaint to the US Department of Health and Human Services, Office for Civil Rights. We support your right to the privacy of your health information, and we will not retaliate in any way if you wish to choose to file a complaint. If you prefer, you can discuss your complaint in person with us. Please contact our office with any questions you may have.

VANCOUVER PEDIATRIC DENTISTRY

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