

“BRAYCES” Orthodontics
Dr. Robert J. Bray & Dr. E. Gregg Pfund

NOTICE OF PROTECTED HEALTH INFORMATION 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.

As part of the healthcare service you receive from “BRAYCES” ORTHODONTICS, health records are generated and maintained describing your care including but not limited to your name, address, phone number, social security number, health history, symptoms, examination and test results, diagnoses, procedures, treatment, and plans for future care or treatment. This information is called “Protected Health Information”.

This Notice of Privacy Practices describes how “BRAYCES” ORTHODONTICS may use and disclose your information and the rights that you have regarding your information.

Uses and Disclosures of Health Information Without Authorization

When you obtain services from “BRAYCES” ORTHODONTICS, certain uses and disclosures of your health information are necessary and permitted by law in order to treat you, to process payments for your treatment, and to support the operations of the entity and other involved providers. The following categories describe ways that we use or disclose your information, and some representative examples are provided in each category. All of the ways your health information is used or disclosed should fall within one of these categories.

Your health information will be used for treatment. *For example:* Disclosure of medical information about you may be made to doctors, nurses, technicians, or others who are involved in treating you. This information may be disclosed to other physicians who are treating you or to other healthcare facilities involved in your care. Information may be shared with pharmacies, laboratories, or radiology centers for the coordination of different treatments.

Your health information will be used for payment. *For example:* Health information about you may be disclosed so that services provided to you may be billed to an insurance company or a third party. Information may be provided to your health plan about treatment you are going to receive in order to obtain prior approval or to determine if your health plan will cover the treatment.

Your health information will be used for health care operations. *For example:* The information in your health record may be used to evaluate and improve the quality of the care and services we provide.

Business Associates. There are some services that we provide through contracts with third party business associates. Examples include external laboratories, transcription agencies, and copying services. To protect your health information, “BRAYCES” ORTHODONTICS will require these business associates to appropriately protect your information.

Disclosures Required by Law or otherwise Allowed Without Authorization or Notification

The following disclosures of health information may be made according to state and federal law without your written authorization or verbal agreement:

- When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or for law enforcement. Examples would be reporting gunshot wounds or child abuse, or responding to court orders;
- From public health purposes such as reporting information about births, deaths, and various diseases, or disclosures to the FDA regarding adverse events related to food, medications, or devices;
- For health oversight activities, such as audits, inspections, or licensure investigations;
- To organ procurement organizations for the purpose of tissue donation and transplant;
- For research purposes, when the research has been approved by an institutional review board that has reviewed the research proposal and established guidelines to provide for the privacy of your health information;
- To coroners and funeral directors for the purpose of identification, determination of the cause of death, or to perform their duties as authorized by law;
- To avoid a serious threat to the health or safety of a person or the public;
- For specific government functions, such as protection of the President of the United States;
- For Worker’s Compensation purposes;
- To military command authorities as required for members of the armed forces;
- To authorized federal officials for national security and intelligence activities as authorized by law;
- To correctional institutions or law enforcement officials concerning the health information of inmates, as authorized by law.

Other Allowable Uses and Disclosures Without Authorization: Other uses or disclosure of your health information that may be made include;

- Contacting you to provide appointment reminders for treatment or medical care, as well as to recommend treatment alternatives;
- Notifying you of health-related benefits and services that may be of interest to you.

Required Uses and Disclosures: Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal privacy law.

Uses and Disclosures Requiring Authorization

Any other uses or disclosures of your health information not addressed in this Notice or otherwise required by law will be made only with your written authorization. You may revoke such authorization at any time.

YOUR INDIVIDUAL RIGHTS UNDER HIPAA

1. You have the right to request restrictions on certain uses and disclosures of your protected health information. By example, you may wish to restrict your employer from knowing about a medical condition. Regardless of your request, please know that the HIPAA rules allow our office to share your Protected Health Information with the Covered Entities.
2. You have the right to receive your Protected Health Information in a confidential communication from our office, such as the U.S. Mail.
3. You have the right to inspect and copy your Protected Health Information. Copies of your Protected Health Information are available for a reasonable fee paid to our office to cover our expenses of reproducing them.
4. You have the right to request that we amend your Protected Health Information. In some cases, we may require these requests to be in writing and be supported by a reason for the change. Generally, this will not apply to such routine changes as address and phone number listings.
5. You have the right to receive, upon request, an accounting of your Protected Health Information that we have provided to Non Covered entities.
6. If you have read and responded to this notice through electronic media such as our practice website (if any) or e-mail, you have the right to receive a paper copy of this notice upon request.

"BRAYCES" ORTHODONTICS is required by law to maintain the privacy of your Protected Health Information and to provide you with this notice of our legal duties and privacy practices as they apply to your Protected Health Information. We are also required to abide by the terms of this notice, which is currently in effect.

In the future, we reserve the right to change the terms contained in this notice and make any new provisions effective for all of the Protected Health Information we maintain. In the event we elect to change the terms of this notice, a new notice will be posted in our office and on our practice website (if any). In addition, you may receive notification by direct mail, e-mail, or other such communication as our practice may implement from time to time

Should you ever believe your privacy rights have been violated, we request you to file a complaint with our office by contacting *Robert J. Bray or Dr. E. Gregg Pfund in our office at (609) 646-2299 or e-mail at brayces@aol.com*. You may also register your complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. As part of our commitment to you, we value your privacy and take every precaution in our practice to preserve your right to that privacy. Any complaint you file will be used strictly to improve our operating procedures and in no way will you be retaliated against for filing a complaint.

Should you have any questions or concerns, please contact *Robert J. Bray or Dr. E. Gregg Pfund in our office at (609) 646-2299 or e-mail at brayces@aol.com* to obtain further information.

I understand that I have the right to privacy of my Protected Health Information as maintained by "BRAYCES" ORTHODONTICS. By my signature below, I certify that I have read and understand my rights to the privacy of my Protected Health Information as well as the terms and conditions of this notice.

Patient/Legal Representative Signature: _____

Name of Legal Representative: _____ Relationship to Patient: _____

Date: ____ / ____ / ____

Effective Date of Notice: April 14, 2003