



Notice of Privacy Practices / HIPAA Compliance

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. Your privacy is important to us at Sawyer Orthodontics!

Our Legal Duty:

We are required by law to maintain the privacy of your health information and to give you notices of our privacy practices and your rights as a patient. Protected health information (PHI) includes individually identifiable information about your past, present or future health condition, the provision of healthcare to you, or payment for such healthcare. We use and disclose PHI about you for the purposes of treatment, payment and healthcare operations only (outlined below). We reserve the right to change our policies at any time. In that case, we will notify you of any applicable changes. You also have the right to request a copy of our notice at any time.

Treatment:

We may disclose PHI to your insurance provider, our dentist(s), and other dental care providers for treatment purposes as necessary.

Payment:

We disclose your PHI in order to fulfill our duty to check your insurance coverage, determine your benefits, and secure payment for services provided to you.

Healthcare Operations:

We may use your information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner performance, conducting training programs, etc. The sponsor of your healthcare plan may also request access to your PHI.

We may also use or disclose your PHI without your specific authorization for several other reasons. Subject to certain requirements, we may provide your PHI for public health purposes, auditing purposes, research studies and emergencies. We provide PHI as otherwise required by law, such as for law enforcement in specific circumstances or for judicial and administrative proceedings. In any other situation, we will ask for your written consent before using or disclosing any of your PHI. If you choose to sign an authorization to allow disclosure, you can later revoke that authorization to stop any future uses and disclosures (other than for treatment, payment and healthcare operations).

Abuse/Neglect:

We may disclose your information to the appropriate authorities if we reasonably believe that you are a possible abuse or neglect victim. We may disclose your information to the extent necessary to avert a serious threat to your health or safety of the health and safety of others.

Individual Rights:

In most cases, you have the right to view or obtain a copy of your information. You also have the right to receive a list of instances in which we have disclosed your PHI. If you believe that your information in our records is incorrect or that any important information is missing, you may request that we correct the existing information or add any pertinent updates.

You may request in writing that we not use or disclose you PHI for any reason (including treatment, payment and healthcare operations) unless when specifically authorized by you, when required by law or in emergency situations. We will consider your request, but are not legally required to accept it. You also have the right to receive confidential communications of PHI by alternative means or at alternative locations if you clearly state that disclosure of your PHI could endanger you in some way.

In addition to routine uses of PHI, you may also provide authorization for us to use or disclose it to any person of your choice for any reason (you may revoke this authorization at any time). Please know that unless you provide specific consent for us to do so, we cannot use or disclose your information for any reason to any individual or business except for those outlined in this notice. If you wish to inspect your records, see a list of disclosures, correct any information, or if you have any questions or concerns, please feel free to contact our office.

Complaints:

If you are concerned that we have violated your privacy in any way, or you disagree with a decision that was made about access to your records, you may contact the U.S. Department of Health and Human Services.

I have reviewed the above privacy policy and understand the procedures outlined above.

Patient / Responsible Party Signature: _____

Date: _____