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## **PRIVACY NOTICE TO OUR PATIENTS**

Effective Date: Nov. 1, 2005

**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.**

If you have any questions about this notice, please contact our office manager, who is also our designated "Privacy Officer"

**WHO WILL FOLLOW THIS NOTICE.**

This notice describes our practice's practices and that of any health care professional authorized to enter information into your chart.

All employees, staff and other personnel.

All these entities follow the terms of this notice. In addition, these entities may share medical information with each other for treatment, payment or operations purposes described in this notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical/dental information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from this practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our practice, whether made by practice personnel or your personal doctor or care provider, or received on your behalf from your other healthcare providers.

This notice will tell you about the ways in which we may use and disclosures will tell you about the ways in which we may use and disclose medical/dental information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your personal, identifiable health and medical information.

We are required by law to:

- make sure that medical/dental information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical/dental information about you; and
- follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL/DENTAL INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose your medical. And/or dental information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.**

We may use medical/dental information about you to provide you with medical/dental treatment of services. We may disclose medical/dental information about you to doctors, dentist, and hygienists, personnel who are involved in taking care of you. We also may disclose medical/dental information about you to people outside the practice who may be involved in your medical care of others we use to provide services that part of your care., i.e. dental labs.

**For Payment.**

We may use and disclose medical/dental information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health/dental plan information about a service you received so your dental of health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.**

We may use and disclose medical/dental information about you for practice operations. These uses are disclosures are necessary to run the practice and make sure that all of our patients receive Quality care. For example, we may use medical/dental information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical /dental information about many practice patients to decide what additional services the practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to dentists, medical doctors, nurses, technicians, medical students, allied health students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Appointment Reminders.**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical/dental care. We may have appointment schedules posted on computer screens in each operatory.

**Treatment Alternatives.**

We may use and disclose medical dental information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.**

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.**

We may release medical /dental information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research.**

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the dental health and

progress of all patients who received on medication to those who received another, for the same condition. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care in the practice.

**As Required By Law.**

We will disclose medical/dental information about you when required to so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.**

We may use and disclose medical/dental information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**SPECIAL SITUATIONS**

**Organ and Tissue Donation.**

If you are an organ donor, we may release medical/dental information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.**

If you are a member of the armed forces, we may release medical/dental information about you as required by military command authorities. We may also release medical/dental information about foreign military command authorities.

**Workers' Compensation.**

We may release medical/dental information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.**

We may disclose medical/dental information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child or adult abuse, neglect, or exploitation;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.**

We may disclose medical/dental information to health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care systems, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.**

If you are involved in a lawsuit or a dispute, we may disclose medical/dental information about you in response to a court or administrative order. We may also disclose medical/dental

information about in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

#### **Law Enforcement.**

We may release medical/dental information if asked to do so by law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the practice and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

#### **Coroners, Medical Examiners and Funeral Directors.**

We may release medical/dental information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical/dental information about patients of the hospital to funeral directors as necessary to carry out their duties.

#### **National Security and Intelligence Activities.**

We may release medical/dental information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

#### **Protective Services for the President and Others.**

We may disclose medical/dental information about you to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

#### **Inmates.**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical/dental information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information we maintain about you:

#### **Right to Inspect and Copy.**

You have the right to inspect and copy medical/dental information that may be used to make decisions about your care. Usually, this includes medical/dental and billing records.

To inspect and copy medical/dental information that may be used to make decisions about you, you must submit your request in writing to the office manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another

licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **Right to Amend.**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice.

To request an amendment, your request must be made in writing and submitted to the office manager. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is not accurate and complete.

### **Right to an Accounting of Disclosures.**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the practice manager. Your request must state a time period, which may not be longer than seven years and may not include dates before November 1, 2005. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

### **Right to Request Restrictions.**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

### ***We are not required to agree to your request.***

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the office manager. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### **Right to Request Confidential Communication.**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the practice manager. We will not ask you the reason for your request. We will accommodate all reasonable

requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.**

You have the right to paper a copy of this notice. You may ask us to give you a copy of this notice at any time.

To obtain a paper copy of this notice, ask the receptionist.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical/dental information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the practice. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at the practice for treatment or health care services, you may review a copy of the current notice in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the practice (via the office manager) or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact the office manager at (559) 226-6060. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

**OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical/dental information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical/dental information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.