



La Jolla Center for Holistic Dentistry

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PROVAHY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

INTRODUCTION

This Notice describes the Privacy Policies of this dental office. First and foremost, we strive to maintain confidentiality as far as your dental treatment information. There are times, however, where identifiable health information must be disclosed to specific entities such as your insurance carrier. Herein we describe how the confidential dental and health information is used and disclosed and how you can gain access to this confidential information.

OUR LEGAL DUTY

We are required by applicable Federal and State Law to maintain the privacy of your health information. We are also required to give you Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. The Notice takes effect January 1, 2010, and will remain in effect until 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 the changes in our privacy practices and the new terms of our Notice effective for all Health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you and/or family members for the purpose of treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a dental colleagues, your physician or other healthcare providers rendering treatment.

Payment: We may use or disclose your health information through the mail, fax, or electronic transmission to you/your dental insurance carrier to obtain payment for services rendered.

Dental Practice Operations: We may use and disclose your health information in conjunction with our healthcare operations which include quality assessment and improvement activities, reviewing the competence or qualifications of personnel who work in this office, evaluating performance, conducting training programs within the office, accreditation, certification, licensing or credentialing activities. Your health information may also be disclosed to our attorneys and consultants as necessary to respond to any type of investigation or legal action pertaining to the quality of treatment provided to you.

Your Authorization: In addition to our use of your health information for treatment, payment or dental practice operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us such an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: You have the right for us to disclose your own personal dental health information to you as described in the Patient Rights section of your Privacy Practices. We may also disclose your dental health information to a family member, friend, or other person to the extent necessary to help with your dental care or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to identify, or assist in the identification of you or a family member in conjunction with a forensic investigation. In the event of your incapacity or in emergency circumstances, we will disclose health information based on our professional judgment. In that instance, we will disclose only that information that is directly relevant to the treating entity's involvement in your healthcare. We will also use our professional judgment and our experience to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, dental supplies, radiographs, or other similar forms of health information.

Marketing Health-Related Services: We will not use your dental health information or images of your face and/or teeth for marketing communications without your written authorization to do so.

Subpoena: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information of minor patients to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized Federal Officials health information required for lawful intelligence, counterintelligence, and other National Security activities. We may disclose health information to correctional institution or law enforcement official having lawful custody of protected health information of inmates or patients under certain circumstances.

Appointment Reminders: We may use or disclose basic dental information insofar as the fact that you have a dental appointment scheduled in the form of appointment reminders such as voicemail messages, postcards, letters, or e-mail.

Minimal Necessary Disclosures: We will not make disclosures of your health information to a greater degree than we consider minimally necessary for the purpose of each disclosure.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in format other than photocopies. We will use the format request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies we will charge you \$0.15 for each page, \$15.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure).

Disclosure Frequency: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We reserve the right to discuss your request and we are not required to agree to these additional restrictions. If we agree to abide by your request, however, we may be exempted from this agreement in the event of an emergency.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations (i.e. fax or e-mail). You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

IF you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

La Jolla Center for Holistic Dentistry
Fen-Hui Chen DDS
4510 Executive Drive Suite 101
San Diego, CA 92121
(Office): (858)459-5445
(Fax): (858)459-1146