

HALL COMPREHENSIVE DENTISTRY, LLC

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

OUR LEGAL DUTY

We are required by federal and state law to maintain the privacy of your health information. We are also required to give you this 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.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that changes are in regulation with the laws. We reserve the right to make changes in our privacy practices and the 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 anytime. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and health operations. For example:

TREATMENT: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

PAYMENT: We may use and disclosure your health information to obtain services we provide to you.

HEALTH CARE OPERATIONS: We may use and disclose your health 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 and provider performance, conducting training programs, accreditations, certification, licensing and/or credentialing activities.

TO YOUR FAMILY & FRIENDS: We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare 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 notify or assist in the notification of (including identifying or locating) a family member of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only the health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional experience with common practice to make reasonable judgment in allowing a person to pick up filled prescriptions, dental supplies, x-rays, or other similar forms of health information.

MARKETING HEALTH-RELATED SERVICES: We will not use your health information for marketing communications without your written authorization.

REQUIRED BY LAW: We may use or disclose your health information for marketing communications without your written authorization.

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

NATIONAL SECURITY: We may disclose to military authority the health information of Armed Forces personnel under certain circumstances. We may disclose information to authorized federal officials the information required for lawful intelligence, counterintelligence, and other national security reasons. We may disclose information to correctional institutions or law enforcement officials that have lawful custody of protected health information of inmate, or patient under certain circumstances.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders such as voicemails, text messages, and postal mail.

PATIENT RIGHTS:

Access: You have the right to look at or obtain copies of your health information within limitations. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. (You must make a request in writing to the address listed below to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request copies, we will charge \$.75 for each page, \$50 per hour for staff time, locating files, copying information, and postage.)

Disclosure Accounting: You have the right to receive a list of times in which we have disclosed your health information for purposes other than treatment, payment, healthcare operations, or certain other activities for the last 6 years, but not before November 17, 2009. If you request this information more than once in a 12-month period, there may be a reasonable cost-based fee for additional requests.

Restriction: You have the right to request that we place additional restrictions on the use or disclosure of your health information. We are not required to agree on these additional restrictions, but if we do, we will abide by your request, except in an emergency.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to an alternative location. Your request must specify the alternative means or location, and provide satisfactory explanation on how payments will be handled under the alternative means or location that 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 have the right to deny your request under certain circumstances.

Electronic Notice: If you receive this notice on our web site or by 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, a 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 an alternative location, you may express your concerns 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 upon request.

We support your rights to the privacy of your health information.

Contact Officer: Dr. Eric Hall
Telephone: 478-757-5455
Address: 4104 Arkwright Road
Macon, GA 31210