

Los Gatos Family Dentistry  
**NOTICE OF PRIVACY PRACTICES**

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**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 PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US**

**OUR LEGAL DUTY**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, be kept confidential. The law gives you, the patient, significant rights to understand and control how your health information is used.

Los Gatos Family Dentistry maintains confidential records on all patients in our practice and protects the privacy of your health information as required by applicable federal and state law while providing you with the best quality service available. Your medical records are used primarily for the treatment, payment and health operations of our practice, which may include: planning and documenting your care and treatment, communicating with other health professionals involved in your care, billing third party payers for services performed, and using the data internally to improve our practice so we may better serve our patients. This Notice of Privacy Practices, effective March 1, 2008, describes our legal duties, and your rights regarding the use, disclosure, and protection of your private 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 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.

Los Gatos Family Dentistry is committed to protecting the privacy of your health information through strict enforcement of the Health Insurance Portability and Accountability Act of 1996; adhering to our Notice of Privacy Practices date March 1, 2008, or notifying you in advance of any changes; and protecting the privacy of your identity and health information.

You may request a copy of our Notice at any time. For more information about your 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 for treatment, payment, and healthcare operations. We will not disclose your medical information for any purpose not listed below without your specific written authorization. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us 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 below.

- **TREATMENT:** We may use your health information to provide medical treatment or services or disclose your health information to a physician, technician, or other healthcare provider providing treatment to you.
- **PAYMENT:** We may use and disclose your health information to obtain payment for services we provide from your insurance carrier or other third party.
- **HEALTHCARE 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, accreditation, certification, licensing or credentialing activities needed to serve you properly.
- **TO YOUR FAMILY AND 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, your personal representative or another person responsible for your care, 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 health information that is directly relevant to the person's involvement in your healthcare. We will also use your professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information. Consistent with applicable laws, we may disclose health information about you to funeral directors or to organ procurement, banking, or transplantation organizations to carry out their specific duties.

- **BUSINESS ASSOCIATES:** There are some services provided by our practice through contacts with other business associates. These may include laboratories, testing facilities, copy services, accounting support and medical supply organizations. We may disclose your medical information to our business associates so that they can perform the jobs we have asked them to do. To protect your health information, however, we require that all business associates appropriately safeguard your 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 when we are required to do so by law in response to legal proceedings, for national security activities, to avert a serious threat to health or public safety, to comply with laws relating to worker's compensation or other similar programs, to assist in disaster relief efforts, or as required by military command authorities.
- **RESEARCH:** We may disclose medical information for research purposes in limited circumstances when the research has been approved by a review board and where there are established protocols to ensure the privacy of your medical information.
- **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, 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 to a 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 your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters) or information about treatment alternatives and other health-related benefits and services that may be of interest to you.

### **PATIENT RIGHTS**

Although your medical records are the property of Los Gatos Family Dentistry, the information belongs to you. Your rights are described below.

- **ACCESS:** You have the right to obtain a paper copy of our Notice of Privacy Practices dated March 1, 2008, or any amended version thereafter. 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 a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information by sending us a letter to the address at the end of this Notice. If you prefer, we will prepare a summary or an explanation of your health information. If you request an alternative format or wish to have a summary prepared, we will charge a reasonable fee for postage and staff time.
- **DISCLOSURE AND ACCOUNTING:** You have the right to receive a list of instances in which we or our business associates disclose your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last six years, but not before March 1, 2008. If you request this accounting more than once in a 12-month period, we may charge you a reasonable 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 are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (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 alternative locations. 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. You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- **ELECTRONIC NOTICE:** If you receive this Notice on our website 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, please contact our Privacy Officer at (408) 358-5115 or write to us at Los Gatos Family Dentistry, 14543 S. Bascom Avenue, Los Gatos, CA 95032.

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 Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C., 20201.

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.