



## NOTICE OF PRIVACY PRACTICES

**Your Information. Your Rights. Our Responsibilities.** 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.** Federal & state laws require New Smiles Kids Dentistry (NSKD) to maintain the privacy of all patient healthcare information. Furthermore, we are required by law to provide all parents or legal guardians with this notice reviewing our privacy practices, our legal obligations and your rights with regards to your child's healthcare information. NSKD must follow the privacy practices as describe within this notice while this policy is in effect. This notice takes effect on 12/22/2017 & will remain in effect until replaced, amended or eliminated.

NSKD reserves the right to change these privacy practices and the terms of this notice at any time, provided such applicable laws permit such changes. We reserve the right to make any needed changes to our privacy practices and these new terms will be effective for all health information that we maintain, including health information we create or receive before such made changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. Parent/legal guardians may request a copy of this notice, at any time.

### USES AND DISCLOSURES OF HEALTH INFORMATION

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

**Treatment:** We may use or disclose your information to provide, coordinate and manage your care and treatment. For example, our office may share your information with another physician or dentist to assist in your care.

**Run our organization** We can use and share your health information to run our practice,

improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

**Bill for your services** We can use and share your or your child's health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your or your child's 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 or your child's health information for any reason except those described in this Notice.

**Marketing Health Products or Services:** We will not use your or your child's health information for marketing communications without your prior written authorization. We may provide you with information regarding products or services that we offer related to your health care needs. We will never sell your health information without your prior authorization.

**To people assisting in caring for you or your child:** 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 or, if you are not able to agree, if necessary in our professional judgment.

**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 or your child's care, of location, 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 our 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.

**Research:** Federal Law permits information about your child's treatment to be used for research purposes if you give permission in writing or if the research has been approved by an institutional review board for privacy.

**Appointment Reminders and Treatment Alternatives:** 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 or other health-related benefits and services that may be of interest to you.

**To business affiliates:** Some services are provided to our practice by outside firms such as collection agencies, law firms, and accredited agencies that act as consultants. We may disclose information about your child to our business affiliates so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each affiliate is required to sign an agreement to appropriately safeguard information & not to redisclose information unless specifically permitted by law.

**Required by Law:** We may use or disclose your health information when we are required to do so by law, including judicial and administrative proceedings.

**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 correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Military and Veterans:** If you are a member of the armed services, we will release information as requested by military command authorities if we are required by law to do so or to the extent that we have your written consent.

**Public Health:** We may disclose information to public health authorities for public health activities such as reports related to preventing or controlling disease, injury or disability. We may also disclose information regarding reactions to drugs or problems with products. We have to meet many conditions in the law before we can share your information for these purposes. More information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**Health oversight activities:** Information may be released for the purpose of oversight of healthcare activities conducted by government that are authorized by law. For



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example, government audits, investigations, inspections and licensure activities.

**Lawsuits and disputes:** If you are involved in a lawsuit, dispute or other judicial proceedings we will disclose medical/dental information about your child only in response to a valid court order, administrative order, subpoena or a substitute dental decision making board, or a grand jury subpoena, or with your written consent. We may disclose information in the context of civil litigation where you have put your child's condition at issue in the litigation.

**Law enforcement:** We may release dental information if asked to do so by a law enforcement official in response to a valid court order, grand jury subpoena, or warrant or with your written consent. In all instances information may be released if a crime is suspected such as abuse or neglect of a child.

**Other uses of Medical Information:**

Except as described above, New Smiles Kids Dentistry, Damascus, MD will not disclose your protected health information without a specific written authorization from you. If you provide us with this authorization in writing you may revoke it and we will no longer disclose information except to the extent that disclosures have already been made.

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### PATIENT RIGHTS

**Access:** You have the right to review or get copies of your dental health information used to make decision about your child's care. Usually this includes x-rays and may include treatment plans or billing records. Under limited exceptions we may deny such requests, for example when we believe that sharing the information will be harmful to your or your child's health or could cause a threat to others.

You must make a request in writing to obtain access to your health information. 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 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 an alternative format, we will charge a cost-based fee for 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 Accounting:** 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, where you have provided an authorization and certain other activities, for the last 6 years, but not for disclosure made prior to November 1, 2017. 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. All requests must be made in writing.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information about you or your child. For example, you could ask that we do not use or disclose information about treatment that your received to other physicians or insurance companies. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement. Except when the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to our office and tell us what information you want to limit, whether you want to limit our use, disclosure or both, & to whom you want the limits to apply.

**Alternative Communication:** You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations. 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. In addition, we may deny your request if you ask us to amend information that was not created by us or if the person who created the information is no longer available, if the information is not part of the information kept by our practice, or if the information is correct & complete.

**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.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

**Changes to this notice:** The effective date of this notice is November 1, 2017. We reserve the right to change this notice. We reserve the right to make the notice effective for

information we already have about you or your child as well as further information gained. If this notice is revised, you have a right to a copy of it and it will be posted in our office.

**Complaints:** if you believe that your privacy rights have been violated, you may file a complaint with us by contacting our HIPAA compliance officer (ask for this person at the front desk) or if that process fails to provide resolution you may file a complaint with the Secretary of the Department of Health & Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints) To file a complaint with our practice, contact the privacy officer at 301-747-6543. All complaints must be submitted in writing. **YOU WILL NOT BE PENALIZED FOR SUBMITTING A COMPLAINT!**

**Please contact us at:**

**Attention: Privacy Officer,  
New Smiles Kids Dentistry, 9815 Main Street, Suite 200, Damascus, MD 20872**

Ph: 301-747-6543

Email: [info@nskdentistry.com](mailto:info@nskdentistry.com)