

## Saddle Rock Pediatric Dentistry HIPAA Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD 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 Privacy Officer: Chris Hillenbrand at 303-690-1690 or [chris@saddlerockpediatricdentistry.com](mailto:chris@saddlerockpediatricdentistry.com).

Saddle Rock Pediatric Dentistry is required by law to:

- Maintain the privacy of protected health information.
- Give you this notice that describes the ways we may use and share health information about your child.
- Follow the terms of the notice that is currently in effect.

**When we provide oral health care to your child, we may use health information to treat your child, bill for our services and conduct the normal business of our oral health care operations. For example:**

**For Treatment.** We keep records of the care provided. We use this information to deliver quality care to meet the needs of your child. We may also share this information with another doctor who is assisting in your child's care.

**For Payment.** We keep billing records that include payment information and documentation of the services provided to your child. This information may be used to obtain payment from you, an insurance company or a third party for the treatment and services received. We may also contact your insurance company to verify coverage or get approval for upcoming services. Sometimes your insurance company will request additional information on dates of service, services provided and the condition being treated before releasing payment to us.

**For Health Care Operations.** We may use and disclose Health Information to improve the quality of care, train staff, provide customer service, manage costs and conduct required business activities.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that your child has an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related products and services that may be of interest to you.

**Individuals Involved in Your Child's Care or Payment for Your Child's Care.** When appropriate, we may share Health Information with a person, such as your family or a close friend, who is involved in your child's oral health care or payment for service.

**Sharing Your Child's Information:** There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are, in part:

**As Required by Law.** We will disclose Health Information when required by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your child's health information.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information 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 Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency 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 Health 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 also may release Health Information to funeral directors as necessary for their duties.

**Additional disclosures not described in this notice require your signed consent. You may revoke your consent at any time with a written statement.**

The following uses and disclosures of your child's Protected Health Information will be made only with your written authorization: (1) Uses and disclosures of Protected Health Information for marketing purposes; and (2) Disclosures that constitute a sale of your Protected Health Information.

**You have the following rights regarding Health Information we have about your child:**

**Right to an Electronic Copy of Electronic Medical Records.** We maintain your child's Protected Health Information in an electronic format (known as an electronic medical record or an electronic health record). You have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your child's Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, the record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your child's unsecured Protected Health Information.

**Right to Amend.** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must make your request, in writing, to Chris Hillenbrand c/o Saddle Rock Pediatric Dentistry, 22986 E Smoky Hill Road, Aurora, CO 80016.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Chris Hillenbrand c/o Saddle Rock Pediatric Dentistry, 22986 E Smoky Hill Road, Aurora, CO 80016.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your child's care or the payment for your child's care, like a family member or friend. To request a restriction, you must make your request, in writing, to Chris Hillenbrand c/o Saddle Rock Pediatric Dentistry, 22986 E Smoky Hill Road, Aurora, CO 80016. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your child's Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide your child with emergency treatment.

**Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your child's Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications.** 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 by mail or at work. To request confidential communications, you must make your request, in writing, to Chris Hillenbrand c/o Saddle Rock Pediatric Dentistry, 22986 E Smoky Hill Road, Aurora, CO 80016. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, [www.saddlerockpediatricdentistry.com](http://www.saddlerockpediatricdentistry.com). To obtain a paper copy of this notice, contact Chris Hillenbrand c/o Saddle Rock Pediatric Dentistry, 22986 E Smoky Hill Road, Aurora, CO 80016.

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner. If you believe your child's privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Chris Hillenbrand c/o Saddle Rock Pediatric Dentistry, 22986 E Smoky Hill Road, Aurora, CO 80016. All complaints must be made in writing. **You will not be penalized for filing a complaint.**