



**Restorative Dental Associates  
Notice of Privacy Practices  
August 1, 2013**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY RECEIVE ACCESS TO YOUR MEDICAL RECORDS. PLEASE REVIEW IT CAREFULLY.

We respect our legal obligation to keep your healthcare information private. In general, we disclose the minimum amount of information necessary and only to those persons who have a legitimate need to know the information. The law requires that we provide you information about our privacy practices. This Notice describes how we protect your healthcare information and what rights you have regarding it.

**PRIMARY USES AND DISCLOSURES OF HEALTHCARE INFORMATION**

The most common reason why we use or disclose your healthcare information is for treatment, payment or healthcare operations. Some examples of how we may use or disclose information for treatment purposes include setting up an appointment; examining your teeth; prescribing medications and faxing prescriptions to pharmacies; referring you to another doctor or clinic for other healthcare services; and requesting copies of your healthcare information from another healthcare professional. Some examples of how we may use or disclose your healthcare information for payment purposes include inquiring about your dental insurance or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either directly or through a collection agency or attorney). "Healthcare operations" mean those administrative and managerial functions that we need to do to run our office. Some examples of how we may use or disclose your healthcare information for healthcare operations include financial or billing audits; internal quality assurance activities; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside records storage.

We routinely use your healthcare information for treatment, payment and healthcare operations purposes without any special permission from you.

**OTHER USES AND DISCLOSURES OF HEALTHCARE INFORMATION**

There are many situations that the law allows or requires us to use or disclose your healthcare information without your permission. Not all of these situations will apply to us; some may never come up at our office. Some examples of these types of disclosures include the following:

- When mandated by state or federal law
- For public health purposes, such as contagious disease reporting, investigation or surveillance; or notices to and from the federal Food and Drug Administration regarding drugs or medical devices
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies

- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else
- Disclosures to a medical examiner to identify a dead person or to determine the cause of death
- Uses and disclosures for health-related research
- Uses and disclosures to prevent a serious threat to health or safety
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures
- Disclosures to “business associates” who perform healthcare operations for us and who commit to respect the privacy of your healthcare information
- Unless you object, we will also share relevant information about your care with your family or friends who are directly assisting you with your dental care.

### APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might benefit you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

### USES AND DISCLOSURES THAT REQUIRE YOUR PERMISSION

We will not make any other uses or disclosures of your healthcare information unless you sign a written authorization form. You do not have to sign this form; however, if you do not sign the authorization, we cannot disclose the information. If you do sign the authorization, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing and will be effective upon receipt by this office.

### YOUR RIGHTS REGARDING YOUR HEALTHCARE INFORMATION

The law gives you many rights regarding your healthcare information. You may ask us to do any of the following:

- Restrict our uses and disclosures for treatment (except emergency treatment), payment or healthcare operations. We do not have to agree to do this, but if we do agree, we must honor the your restrictions. To request a restriction, please send a written request to our office.
- Communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing healthcare information to a different address, or by using E-mail to a personal E-mail address. We will accommodate these requests if they are reasonable. To request confidential communications, please send a written request to our office.
- Request photocopies of your healthcare information. Generally, you can review or receive a copy of your healthcare information within five business days of your request. We may charge you a reasonable fee for the cost of photocopying your healthcare records. To review or request photocopies of your healthcare information, please contact our office during normal business hours.
- Amend your healthcare information if you think that it is incorrect or incomplete. If we agree, we will amend the information within fourteen days of your request. We will send the corrected information to anyone that we know has received incorrect information as well as any others you specify. If we do not agree, you can write a statement of your position, and we will include it with your healthcare information along with any rebuttal

statement we feel necessary to include. Once your statement of position and/or our rebuttal is included in your healthcare information, we will include these whenever we make a permitted disclosure of your healthcare information. To request an amendment your healthcare information, please send a written request, including your reasons for the amendment, to our office.

- Request a list of the disclosures that we have made of your healthcare information within the past six years. By law, this list does not include disclosures for purposes of treatment, payment or healthcare operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. To request a list of disclosures, please send a written request to our office.
- Request additional paper copies of this Notice of Privacy Practices. It does not matter whether we have sent you an electronic or hardcopy of this notice in the past. To receive additional paper copies of this notice, please contact our office.

### OUR NOTICE OF PRIVACY PRACTICES

We reserve the right to change this notice at any time or as allowed by law. If we change our privacy practices, the new privacy practices will apply to all of your healthcare information. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our website.

### COMPLAINTS

If you think we have not properly respected the privacy of your healthcare information, you may complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you wish to complain to us, please send your written complaint to our office. If you prefer, you may also discuss your complaint in person or by phone.

### FOR MORE INFORMATION

If you need more information about our privacy practices, please call or visit the office during our normal office hours. Thank you.

Restorative Dental Associates, PLLC  
237 Dunbar Cave Rd, Ste A  
Clarksville, TN 37043-8852

[office@RestorativeDental.net](mailto:office@RestorativeDental.net)  
(931) 648-0604 (Office)  
(931) 648-0605 (Fax)