

The Dentist's House

of Edina, Inc.

“a comfortable approach to dentistry”

Janet A. Zingale, DDS and Michael J. Zingale, DDS

HIPAA Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or Health Care Operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

Uses and disclosures of Protected Health Information

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Your protected health information may be used and disclosed by The Dentist House of Edina staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of this practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. Another example, your protected health information may be provided to another dentist or physician to whom you have been referred to ensure that the doctor has the necessary information to diagnose and treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a crown may require that your relevant protected health information be disclosed to the dental plan to obtain crown approval.

Healthcare Operations: We may use or disclose, as needed, protected health information in order to support the business activities of The Dentist’s House of Edina. These activities include, but are not limited to, quality assessment activities, employee review activities, training of dental assistants, dental students or hygiene students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to student dental assistants that see patients at our office. In addition, we may use a sign-in sheet at the registration desk. We may also call you by name in the waiting room when we are ready to see you. We may use or disclose your protected health information, as necessary, to contact you or remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, Public Health Issues, Communicable Diseases, Health Oversight: Abuse or Neglect: Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity, National Security, Workers’ Compensation, and Inmates: Required Uses and Disclosure,

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that the dentist(s) or The Dentist's House of Edina has taken an action in the reliance on the use and disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy note; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

The dentist(s) and The Dentist's House of Edina is not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protect health information, your protected health informed will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

You may have the right to have your dentist(s) amend your protect health information. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy to any such rebuttal.

Your have the right to receive an accounting of certain disclosures we have made, if any, of your protect health information.

We reserve the right to change the terms of this notice and will inform you at your next visit of any changes. You have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file with us by notifying our privacy contact, Michael J. Zingale, DDS of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before March 1, 2016.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with The Dentist's House of Edina HIPAA Compliance Officer, Michael J. Zingale, DDS in person or by phone at 952-929-9131.

Signature below is only acknowledgement that you have received this Notice of The Dentist's House of Edina HIPAA Notice of Privacy Practices.:

Print Name: _____ Signature: _____ Date: _____

THANK YOU