



## ***Notice of Privacy Practices***

**This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. The privacy of your health information is important to everyone at West Michigan Pediatric Dentistry.**

Your Protected Health Information (PHI) is maintained as a record of your contacts or visits for healthcare services with West Michigan Pediatric Dentistry (WMPD). PHI is information about you, including demographic information (i.e. name, address, phone, etc.) that may identify you and relates to your past, present or future health condition and related healthcare services. Your PHI is the physical property of this WMPD, however you do have rights with respect to your protected health information:

WMPD is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other health-care professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use or disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and other purposes that are permitted or required by law.

If you have any questions about this Notice, please contact our Privacy Manager at (616) 928-9545.

### **Patient Rights under the Privacy Rule**

WMPD is required to follow the terms of this notice. WMPD reserves the right to change the terms of this notice at any time. If needed, new versions of this notice will be effective for all PHI that we maintain at that time.

- You have the right to inspect and copy your PHI that is contained in your patient record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.
- You may request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by the restriction except in an emergency. We will not use your PHI for marketing communications without your written authorization.
- You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. We may agree to reasonable requests.
- You have the right to request a restriction of your PHI. You may ask us, in writing, not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction.
- You have the right to request, in writing, that we restrict communication to your health plan provider regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

- You may request that we amend your PHI (request must be in writing). Your request must explain why the information should be amended. In certain cases, we may deny your request for an amendment.
- You may request a listing of disclosures that we have made for purposes other than treatment or certain other activities to entities or persons outside of our office. All such requests must be made in writing and include the time period of the requested records (not to exceed six years). Please note that accounting does not include all disclosures, e.g., disclosures to carry out treatment, payment, or healthcare operations and disclosures made to you or your legal representative or pursuant to an authorization. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.

## **How We May Use or Disclose Protected Health Information**

- **Treatment** - We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we may disclose your PHI to a pharmacy that would fill your prescriptions. We will also disclose PHI to other Healthcare Providers who may be involved in your care and treatment.
- **Notification** - We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care.
- **Payment** - Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake to determine eligibility or coverage for insurance benefits before it approves or pays for the healthcare services we recommend for you.
- **Healthcare Operations** - We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to medical review, business planning and development, quality assessment and quality improvement functions. We may also disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Regional Information Organization** - The practice may elect to use a regional information organization or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.
- **To Others Involved in Your Healthcare** - Unless you object, we may disclose your PHI to a family member or other person involved in your treatment to the extent necessary to help with your healthcare. If you object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. In this case, only the PHI that is necessary will be disclosed. We will also use our professional judgment and experience with common practices to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or similar forms of health information.
- **As Required By Law** - We may use or disclose your PHI when we are required to do so by law. We may also disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. Consistent with applicable federal and state laws, and as long as applicable legal requirements are met, we may disclose your PHI for law enforcement purposes including disclosure if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **In Cases of Abuse or Neglect** - We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or a 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.
- **To the Food and Drug Administration** - We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, to monitor product defects or problems, to report biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance, as required.

- **For Legal Proceedings** - We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) and in certain conditions in response to a subpoena, discovery request or other lawful process.
- **For Research** - We may disclose your PHI to researchers when an institutional review board has reviewed and approved the research proposal and established protocols to ensure the privacy of your PHI.
- **Required Uses and Disclosures** - Under the law, we must make disclosures about you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule.
- **Business Associates** - We may enter into contracts with persons or entities known as business associates that provide services to or perform functions on our behalf. Examples include our accountants, consultants, and attorneys. We may disclose your health information to our business associates so they can perform the job we have asked them to do, once they have agreed in writing to safeguard your information.
- **Funeral Directors, Coroners, etc.** - We may disclose your health information to funeral directors, coroners or medical examiners, to carry out their duties consistent with applicable law.
- **Organ Procurement Organizations** - Consistent with applicable law, we may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Workers' Compensation** - We may disclose health information to the extent authorized by and to the extent necessary, to comply with laws relating to workers' compensation or other similar programs established by law.
- **Public Health Activities** - As required by law, we may disclose your health information to public health, or legal authorities, charged with preventing or controlling disease, injury, or disability.
- **Health Oversight Activities** - We may disclose your health information to health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.
- **Correctional Institution** - Should you be an inmate of a correctional institution, we may disclose to the institution, or agents thereof, health information necessary for your health and the health and safety of other individuals.
- **Law Enforcement Purposes/Serious Threat to Health or Safety** - We may disclose your health information to enforcement officials for law enforcement purposes under certain circumstances and subject to certain conditions. We may also disclose your health information to prevent or lessen a serious and imminent threat to a person or the public (when the disclosure is made to someone we believe can prevent or lessen the threat) or to identify or apprehend an escapee or violent criminal.
- **Essential Government Functions:** We may disclose your health information for certain essential government functions (e.g., military activity and for national security purposes).

## **Privacy Questions or Complaints**

If you have further questions about this Notice, please contact our Privacy Manager using the contact information listed at the end of this Notice. 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, you may complain to us. You may also submit a written complaint to the Secretary of Health and Human Services at the U.S. Department of Health and Human Services. 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.

You may file a complaint with us by notifying our Privacy Manager at:

Mail: West Michigan Pediatric Dentistry, P.L.L.C.  
Attention: Bob Poll  
844 South Washington Ave, Suite 4100  
Holland, MI 49423  
Email: [bobp@westmipeddent.com](mailto:bobp@westmipeddent.com)  
Phone: (616) 928-9545

**Effective Date of This Notice: 04/22/2015**