

HIPAA NOTICE OF PRIVACY PRACTICES

Office of Russell H. Waugh III, D.M.D., P.S.C.

Patient's Name _____

Name Of Parent Or Guardian If Patient Is A
Minor _____

This Notice Describes How Your Personal Health Information (PHI) May Be Disclosed.
Please Read Carefully.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

TREATMENT: We will use and disclose your PHI to provide, coordinate, or manage your dental care and any related services. This includes the coordination of your health care with a third party. For Example, PHI may be provided to a specialist to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

PAYMENT: Your payment will be used as needed, to obtain payment from your health care services. For Example, obtaining preauthorization for dental needs or for payment on services already rendered.

HEALTHCARE OPERATIONS: We may use or disclose, as needed, your PHI in order to support the normal operations of this dental practice. For Example, training of new employees that see patients. We may also call you by name in the waiting room when the dentist is ready to see you.

We may disclose or use your PHI in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Military Activity and Workers' Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object Unless Required By Law.

2. YOUR RIGHTS

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

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes