Wabash Valley Children's Dentistry, L.L.C.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand that the dental and medical information about you and your health record is personal. Our office is committed to protecting that information while you are in our care. We create a record of the care and services you receive in order to provide quality care and comply with certain legal requirements. We are required by law to maintain the privacy of your dental and medical information; and provide this notice of our privacy practices and follow the terms of this notice while it is in effect.

USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment: We may use or disclose your health information to another health care provider providing treatment to you.
Payment: We may use or disclose your health information to obtain payment for your treatment.
Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of a family member, or another person responsible for your care.
To Your Family and Friends: We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your treatment or with payment for your treatment.
Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, or changes (such as postcards, letters, or voice messages).
Progress Discussions: Discussions between the doctor, staff and patient may be overheard by others in the office. Our office will strive to maintain your confidentiality.
Health Care Operations: We may use or disclose your health information in connection with our health care operations. These may include quality assessment, staff and doctor education, performance evaluation or other credentialing activities.
Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.
Your Authorization: In addition to our use of your health information for treatment, payment, or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke this in writing at any time.
Required by Law: We may use or disclose your health information when we are required to do so by law. (This includes areas of abuse, correctional facilities, or national security).

PATIENT RIGHTS

Access: You have the right to view or get copies of your health information, with limited exceptions. A fee may apply depending on the format chosen.
Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment or health care operations.
Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. However, we are not required to agree to these additional restrictions.
Alternative Communication: You have the right to request in writing that we communicate with you about your health information in a certain way or at a certain location.
Amendment: You have the right to request in writing that we amend your health information. We are not required to agree to this under certain circumstances.
Changes: We reserve the right to change our privacy practices as permitted. The new Notice will be made available upon request.

QUESTIONS AND COMPLAINTS

If you require more information about our privacy practices or have concerns, please contact us.
If you are concerned that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services.