



~ Where Smile Begins ~

4124 80<sup>th</sup> St NE Suite A, Marysville, WA 98270  
(p) 360.386.9157 (f) 360.443.7519  
MarysvilleKidsDentist@gmail.com  
www.MarysvilleKidsDentist.com

## NOTICE OF PRIVACY PRACTICES

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

### OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice of Privacy Practices currently in effect
- Notify you following a breach of unsecured PHI as required by law

We reserve the right to change the terms of this Notice. Any changes will apply to all PHI we maintain and will be made available upon request and on our website.

We will not sell your health information or use it for marketing purposes without your written authorization.

### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment: We may use or disclose your PHI to provide, coordinate, or manage your health care and related services. This may include sharing information with other health care providers, facilities, or specialists involved in your care.

2. Payment: We may use or disclose your PHI to bill and collect payment for services provided. This includes insurance claims, eligibility determinations, utilization review, collections, and related activities.

- Right to restrict disclosure for self-pay services: If you pay for a service in full out-of-pocket, you may request that we not share information about that service with your health plan.

3. Health Care Operations: We may use your PHI for practice operations, including quality assessment, staff training, accreditation, licensing, auditing, compliance, and administrative activities necessary to operate our practice.

4. Appointment Reminders and Health-Related Communications: We may use your PHI (such as name, address, phone number, or email) to contact you for appointment reminders, follow-ups, recalls, or other health-related communications. Messages may be left on voicemail or sent electronically unless you request otherwise.

5. Individuals Involved in Your Care or Payment: We may disclose your PHI to family members, friends, or other persons you identify who are involved in your care or payment, unless you object. If a person has legal authority to act on your behalf, we will treat that person as you for purposes of this Notice.

6. Public Health and Safety Activities: We may disclose PHI as required by law for public health purposes, including:

- Preventing or controlling disease, injury, or disability



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- Reporting abuse, neglect, or domestic violence
- Reporting reactions to medications or product defects
- Notifying individuals of recalls or exposure to communicable diseases

7. Disaster Relief: We may disclose PHI to disaster relief organizations to assist in locating you or notifying family members.

8. Military, National Security, and Correctional Institutions: We may disclose PHI:

- To military authorities for Armed Forces personnel
- To authorized federal officials for lawful intelligence, counterintelligence, or national security activities
- To correctional institutions or law enforcement officials with lawful custody of an inmate or detainee

9. Law Enforcement and Legal Proceedings: We may disclose PHI as permitted or required by law, including in response to a court order, subpoena, warrant, or other lawful process.

10. Health Oversight Activities: We may disclose PHI to health oversight agencies for audits, investigations, inspections, licensure, and compliance with civil rights laws.

11. Coroners and Medical Examiners: We may disclose PHI to a coroner or medical examiner to identify a deceased person or determine cause of death.

12. Required by Law: We will disclose PHI when required to do so by federal, state, or local law, including disclosures to the Secretary of the U.S. Department of Health and Human Services to ensure HIPAA compliance.

#### **SPECIAL CONFIDENTIAL INFORMATION**

Certain types of information—such as HIV-related information, genetic information, substance use disorder records, and mental health records—may be subject to additional protections under state or federal law. We comply with all applicable special confidentiality requirements.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the right to:

- Request Restrictions: Request limits on certain uses or disclosures of your PHI. Requests must be in writing. We are not required to agree, but if we do, we will comply.
- Access and Copies: Inspect or obtain a copy of your PHI for up to seven (7) years from the date the record was created, or longer if required by law. Requests must be in writing. Reasonable, cost-based fees may apply (currently \$0.20 per page for paper copies).
- Request Amendments: Request corrections to your PHI if you believe it is incorrect or incomplete. Requests must be in writing and include a reason. We may deny the request as permitted by law.
- Accounting of Disclosures: Request a list of certain disclosures made during the six (6) years prior to your request. One request per 12-month period is free; additional requests may incur a fee.
- Confidential Communications: Request that we communicate with you in a specific way or at a specific



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location.

- Receive a Paper Copy of This Notice: Even if you agreed to receive it electronically.

#### **USES AND DISCLOSURES WITHOUT AUTHORIZATION**

We may use or disclose your PHI without your written authorization when:

1. Services are provided pursuant to a provider referral.
2. Emergency treatment is required and consent cannot be obtained.
3. Communication barriers exist and we determine, using professional judgment, that you intend to receive care.

#### **AUTHORIZATION AND REVOCATION**

You may revoke your authorization at any time by submitting a written request. Revocation does not apply to:

1. Disclosures already made prior to revocation.
2. Information required by an insurer to contest a claim when authorization was a condition of coverage.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with:

Secretary of the U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, DC 20201

We will not retaliate against you for filing a complaint.

#### **ACKNOWLEDGMENT**

I acknowledge that I have received, read, and understand this Notice of Privacy Practices. I understand that I may revoke my consent in writing at any time.

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my Protected Healthcare Information