



Great Big Smiles Orthodontics PLLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USE & DISCLOSED & HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US. WE HAVE ALWAYS ENDEAVORED TO PROTECT THE PRIVACY OF OUR PATIENTS. NOW WE ARE REQUIRED TO MAKE A FORMAL STATEMENT OF THIS FACT IN WRITING.

OUR LEGAL DUTY

We are required by applicable Federal & State Law (HIPAA) to maintain the privacy of your health information. We are also required to give you this Notice about our Privacy Practices, our legal duties & your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This Notice took effect April 14, 2003 and remains in effect.

We reserve the right to change our privacy practices & terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices & the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made these changes. Before we make a significant change in our privacy practices, we will change this notice & make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

PATIENT RIGHTS

ACCESS: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information records. We may charge you \$.30 for each page, \$15.00 per hour for staff time to locate & copy your health information & postage if you want the copies mailed to you. If you prefer, we will prepare a summary of explanation of health information for a fee.

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 healthcare operations and certain other activities, for the last 6 years but not before april 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

RESTRICTIONS: You have the right to request that we place additional restrictions on our use of disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (emergencies may be exempted).

ALTERNATIVE COMMUNICATION: You have the right to request that we communicate with you about your health information by alternative means, or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location you request.

AMENDMENT: You have the right to request that we amend your health information. Your request must be in writing, & you must explain why the information should be amended. We may deny your request under certain circumstances.

USE & DISCLOSURES OF HEALTH INFORMATION

We use & disclose health information about you for treatment , payment & healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. **Payment:** We may use & disclose your health information to obtain payment for services we provide you. **Healthcare operations:** We may use & disclose your health information in connection with our

healthcare operations. Healthcare operations include quality assessment & improvement activities, taking photographs for educational purposes, evaluating practitioner & provider performance, reviewing the competence or qualifications of healthcare professionals, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your authorization: In addition to our use of your health information for treatment, payment & healthcare operations you give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described herein.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose only information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement & our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we believe that you are a possible victim of abuse, neglect, or domestic violence or the 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.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, & other national security activities. We may disclose to inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (voicemail, postcards or letters or other electronic communication).

Office Use: Your name &/or records (photos, models) may be used for routine office activities (contests, bulletin boards, newsletters etc.).

QUESTIONS & COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may violated your privacy rights, or you disagree with a decision we made about access to you health information , or in response to a request you made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or locations, you may complain to us. You may also submit a written complaint to the Office for Civil Rights.

We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint with the Privacy Officer or with the Office for Civil Rights.

Privacy Officer: Any employee of Great Big Smiles PLLC, Telephone 480-948-4200
Address: 7032 E. Cochise Rd., Ste 100 Scottsdale AZ 85253 Fax 480-946-4825

Office for Civil Rights
US Department of Health
& Human Services
200 Independence Ave, SW
Room 509F, HHH Building
Washington, DC 20201
202.619.0257
877.696.6775

Print Patient Name

Signature / Date