



All About Smile Dental Group

Summary Of Notice of Privacy Practices

The notice of privacy practices (“notice”) covers services provided to you by All About Smile Dental Group. We are required by law to maintain the privacy of protected health information and to provide you with the notice of our legal duties and Privacy Practices with respect to protected information, that may identify you, and that relates to your past, present and future physical or mental health or condition and related health care services.

The notice describes how we may use and disclose your protected health information to carry our treatment, payment, or health care operations. Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. The notice also describes your rights to access and control your protected health information. Further, the notice informs you of your rights to complain to us or the secretary of health and human services if you believe your privacy rights have been violated by us.

We are required to abide by the terms of the Notice. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at the time. Upon your request, we will provide you with revised notice by, calling our office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

Please read attached Notice carefully.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice please contact: a member of our front office staff.

We are required by law to maintain the privacy of our protected health information and to provide you with this notice of our legal duties, and privacy practices with respect to protected health information, “protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related care services.

We are required to abide by the terms of this notice of currently in effect. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon request, we will provide you with any revised notice by calling our office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

1. USES AND DICLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used by your dentist for treatment, payment and health care operations as described in this section 1 without authorization from you. Your protected health information may be used and disclosed by your dentist, our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the dentist’s practice.

Following are examples of the types of uses and disclosures of your protected health care information that the dentist's office is permitted to make without your specific authorization. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Uses disclosures of protected health information based upon your written authorization other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise permitted by law. You may revoke this authorization at any time in writing except to the extent that your dentist or the provider's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in your chart, including medical and billing records and any other records that your dentist and the practice uses for making decisions about you.

Under federal law however you may not inspect or copy the following records information compiled in reasonable anticipation of or use in a civil criminal or administrative action or proceeding and protected health information that is subjected to law that prohibits access in protected health information. Depending on the circumstances a decision to deny access may be reviewable. In some circumstances you may have a right to have this decision reviewed, please contact on front office if you have questions about access to your dental records.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this notice. Your request must state the specific restriction requested and to whom you want the restriction applied to.

Your dentist is not required to agree to a restriction that you may request. If your dentist believed it is in your best interest to permit use and disclosure of your protected health information your protected health information will not be restricted, if your dentist does agree to the requested restriction we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the front office. You may request a restriction by speaking with the front staff.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specified of another method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our front office staff.

You may have the right to have your provider amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases we may deny request for an amendment. If we deny your request for amendment you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our front office staff to determine if you have questions about your medical record.

You have the right to receive as accounting of certain disclosures we have made if any of your protected health information. This right applied to disclosures for purposes other than treatment, payment or health care operations as described in this notice. It excludes disclosures we may have made you, for a facility directory to family members, or friends involved in your case, or for notification purposes or disclosures for which you have signed and authorized. You have the right to reserve specific information regarding these disclosures that accrued. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions restrictions and limitations.

Treatment: we will use and disclose your protected health information to provide, coordination, or manage your health care and related serviced, this includes the coordination or management of your health care with a third party, consultations with another dentist, or your referral to another dentist for your diagnosis and treatment.

Payment: your protected health information will be used, as needed, to obtain or provide payment for your dental services, including disclosures to other entities. This may include certain activities that your health making a determination of eligibility or coverage for insurance benefits, reviewing serviced provided to you, and undertaking utilization review activities.

Operations: we may use or disclose, as needed your protected health information in order to support the business activities of your dentist's practice. These activities include, but are not limited to: quality assessment and improvement activities: reviewing the competence or qualifications of professionals; securing stop-loss or excess of loss insurance obtaining legal serviced or conducting compliance programs or auditing functions; business planning and development: business management and general administrative activities, such as compliance with health insurance portability and accountability act; resolution of internal grievances; due diligence in connection with the sale or transfer of your dentist's practice; creating de-identified health information; and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your treating provider. We may also call you by name in the waiting room when your treating provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that performs various activities (e.g. billing, transcription services, legal services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains in terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about a product or service to encourage you to purchase or use the product or services for the following limited purpose: (1) to describe our participation in a dentist network or health plan network, or to dentist if, and the extent to which, a product or service (or payment for such product of service) is provided by our practice or included in a plan of benefits; (2) for your treatment; or (3) for your case management or care coordination, or to direct or recommend alternative treatments, therapies, dentist or settings of care.

You have the right to obtain a paper copy of this Notice from us upon request, even if you agree to accept this notice electronically.

3. COMPLAINTS

You may complain to us or the secretary of health services if you believe your privacy rights have been violated by us, you may file a complaint with us by notifying our front office staff of your complaint. We will not retaliate against you for filing a complaint.

You may contact our front office staff at (909) 591-1745 (Chino), (909) 987-6643 (Rancho) or (818) 788-0651 (Encino) for further information about the complaint process.

In addition, we may disclose your protected health information to another provider, health plan, or health care clearinghouse for limited operational purposes of recipient, as long as the other entity has, or has had, a relationship with you. Such disclosures shall be limited to the following purposes; quality assessment and improvement activities, population based activities relating to improving health or reducing health care costs, case management, conducting training programs, accreditation, certification, licensing, credentialing activities and health care fraud and abuse detection and compliance programs.