

Robert A. Milner, D.D.S. Dental Corporation

Respecting Your Privacy Protecting Your Health Information

Protected Health Information – Information about your health is private. And it should remain private. That is why this dental office is required by federal and state law to protect the privacy of your health information. We call it "Protected Health Information" or "PHI."

Staff members of this dental office must follow legal regulations with respect to; how we use your PHI, disclosing your PHI to others, your privacy rights, our privacy duties, dental office contacts for more information or, if necessary, a complaint.

Using or Disclosing Your PHI for Treatment – During the course of your treatment, we use and disclose your PHI. For example, if we collect information with regards to your insurance carrier, we may share this information with your oral surgeon or share our x-rays or reports on treatment related procedures to other dental specialists.

Using or Disclosing Your PHI for Payment – After providing treatment, we will ask your insurer to pay us. Some of your PHI may be entered into our computers in order to send a claim to your insurer. This may include a description of your dental problem, the treatment we provided and your membership or social security number.

Your insurer may want to review your dental record to determine whether your care was necessary. Also, we may disclose to a collection agency some of your PHI for collecting a bill that you have not paid.

For Dental Care Operations – the California Dental Association about the office's quality of care could use your dental record and PHI in periodic assessments. Or we might use the PHI from real patients in education sessions with other dental professionals with whom we are conferring. Other uses of your PHI may include business planning for our office or the resolution of a complaint.

Special Uses – Your relationship to us as a patient might require using or disclosing your PHI in order to; remind you of an appointment for treatment, tell you about treatment alternatives and options, or to tell you about our other benefits and services.

Your Authorization May be Required – In many cases, we may use or disclose your PHI, as summarized in this flier, for treatment, payment or dental care or as required or permitted by law. In other cases, we must ask for your written authorization for specific instructions and limits on our use or disclosure of your PHI. You may revoke your authorization if you change your mind later.

Certain Uses and Disclosures of Your PHI Required or Permitted by Law – As a dental care facility, we must abide by many laws and regulations that either require us or permit us to use or disclose your PHI.

If you do not object, we may share some of your PHI with a family member or friend involved in your care.

We may use your PHI in an emergency when you are not able to express yourself.

We may use or disclose your PHI for research if we receive certain assurance, which protect your privacy.

We May Also Use or Disclose Your PHI – When required by law, for example when ordered by a court.

- For public health activities including reporting a communicable disease or adverse drug reaction to the Food and Drug Administration.
- To report neglect, abuse or domestic violence.
- To government regulators or agents to determine compliance with applicable rules and regulations.
- In judicial or administrative proceedings as in response to a valid subpoena.
- To a coroner for purposes of identifying a deceased person or determining cause of death, or to a funeral director for making funeral arrangements.
- For purposes of research when a research oversight committee, called an institutional review board, has determined that there is a minimal risk to the privacy of your PHI.
- For creating special types of health information that eliminate all legally required identifying information or information that would directly identify the subject of the information.
- In accordance with the legal requirements of a workers' compensation program.
- If we reasonably believe that use or disclosure will avert a health hazard or to respond to a threat to public safety.
- In connection with certain types of tissue donor programs.

Your Privacy Rights and How to Exercise Them – Under the federally required privacy program, patients have specific rights.

Your Right to Request Limited Use or Disclosure – You have the right to request that we do not disclose your PHI in a particular way. However, we are not required to abide by your request. If we do agree to your request, we must abide by the agreement.

Your Right to Confidential Communication – You have the right to receive confidential communication from the office at a location that you provide. Your request must be in writing, providing us with the other address and explaining if the request will interfere with your method of payment.

Your Right to Revoke Your Authorization – You may revoke, in writing, the authorization you granted us for use or disclosure of your PHI. However, if we have relied on your consent or authorization, we may use or disclose your PHI up to the time you revoke your consent.

Your Right to Inspect and Copy – You have the right to inspect and copy your PHI. We may refuse to give you access to your PHI if we think it may cause you harm, but we must explain why and provide you with someone to contact for a review of our refusal.

Your Right to Amend Your PHI – If you disagree with your PHI within our records, you have the right to request, in writing, that we amend your PHI when it is a record that we created or have maintained for us. We may refuse to make the amendment and you have a right to disagree in writing. If we still disagree, we

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may prepare a counter-statement. Your statement and our counter-statement must be made a part of our record about you.

Your Right to Know Who Else Sees Your PHI – You have the right to request an accounting of certain disclosures we have made of your PHI over the past seven years, but not before April 14, 2003. We are not required to account for all disclosures, including those made to you, authorized by you or those involving treatment, payment and healthcare operations as described above. There is no charge for an annual accounting, but there may be charges for additional accountings. We will inform you if there is a charge and you have the right to withdraw your request, or pay to proceed.

What If I Have a Complaint? – If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with our office or the Secretary.

To file a complaint with us, please contact our Practice Manager at (949) 859-8899. Your complaint should provide specific details to help us in investigating a potential problem.

Our Privacy Obligations and How We Fulfill Them – Federal health information privacy rules require us to give you notice of our privacy practices set forth in this notice. However, we reserve the right to change this notice and our privacy practices when permitted or as required by law.

If we change our notice of privacy practices, we will provide our revised notice to you when you next seek treatment from us.

Compliance with Certain Laws – When we use or disclose your PHI as described in this notice, or when you exercise certain of your rights set forth in this notice, we may apply state law about the confidentiality of health information in place of federal privacy regulations. We do this when these state laws provide you with greater rights or protection for your PHI.

For example, some state laws dealing with mental health records may require your express consent before your PHI could be disclosed in response to a subpoena. Another state law prohibits us from disclosing a copy of your record to you until you have been discharged from our care. When state laws are not in conflict or if these laws do not offer you better rights or more protection, we will continue to protect your privacy by applying the federal regulation.

Dentistry
For Your
Smile

Robert A. Milner, D.D.S.
One Smile at a time - Since 1989

**Robert A. Milner, D.D.S. Dental
Corporation**
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Effective Date:

This notice takes effect on April 14, 2003