



## 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 THIS DOCUMENT CAREFULLY.

Law requires our practice to maintain the privacy of your protected health information, provide individuals with a notice of our legal duties and privacy practices to protected health information, and to notify individuals following a breach of unsecured protected health information. We must follow the contents that are described in this Notice while it is in effect.

We have the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently, and we will provide copies of the new Notice upon request. This Notice takes effect October 1, 2015, and will remain in effect until it is changed or replaced.

### YOUR HEALTH INFORMATION RIGHTS

**Access.** You have the right to see or get copies of your health information, with limited exceptions. You must make the request in writing, or by sending a letter to the address under Contact Information. If you request information that we maintain on paper or in electronic format, we will provide a copy in that medium, if producible. We will charge you a reasonable fee for 1) the cost of supplies, 2) cost for labor to copy, and 3) for postage if you want copies mailed. Using the Contact Information below, you may request an explanation of fees.

If your request for access is denied, your denial may be reviewed according to applicable law.

**Disclosure Accounting.** With certain exception, you have the right to receive an accounting of disclosures. To request an accounting of disclosures, submit your written request to our Privacy Official. If you request more than one accounting of disclosure within a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional request(s).

**Right to Request a Restriction.** You have the right to request a restriction of information to a dental plan when the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the dental plan), has paid our practice in full.

**Alternative Communication.** You have the right to request in writing how your health information be communicated by alternative means or at alternative locations. We will accommodate any reasonable requests provided we have the means to make that communication. However, if we are unable to contact you using the alternative means or locations requested, we may contact you using the information we have on file.

**Amendment.** You have the right to request a written amendment to your health information. That request must explain why the information should be amended. Under certain circumstances we may deny your request upon which we will provide you with a written explanation why your request was denied and explain your rights.

**Right to Notification of a Breach.** You have the right to receive a breach notification of your unsecured protected health information.

**Electronic Notice.** You have the right to receive a paper copy of this Notice, even if you received this Notice on our web site or by electronic mail (e-mail).

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your PHI for various purposes as described below. For each of these categories, a description and an example is included. Some information may require special confidentiality protection, such as HIV-related

information, genetic information, alcohol and/or substance abuse records, and mental health records. We will abide by these special protections.

**Treatment.** We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

**Payment.** We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to Medicaid or your dental health plan.

**Healthcare Operations.** We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include resolving internal grievances, quality assessment and improvement activities, conducting training programs, and peer reviews.

**Individuals Involved in Your Care or Payment for Your Care.** We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

**Disaster Relief.** We may use or disclose your health information to assist in disaster relief efforts.

**Required by Law.** We may use or disclose your health information when required to do so by law.

**Public Health Activities.** We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or condition; or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

**National Security.** We may disclose to: 1) military authorities the health information of Armed Forces personnel under certain circumstances, 2) authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities, 3) correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

**Secretary of HHS.** We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when investigating or determining compliance with HIPAA.

**Worker's Compensation.** We may disclose your PHI to comply with worker's compensation laws or other similar programs established by law.

**Law Enforcement.** We may disclose your PHI for law enforcement purposes as outlined by HIPAA, or as required by law, such as a subpoena or court order.

**Health Oversight Activities.** We may disclose your PHI to an oversight agency for activities, including audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings.** We may disclose your PHI in response to a court or administrative order, a subpoena, discovery request, or other lawful purposes.

**Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to a coroner, medical examiner or funeral director. This may be necessary, for example, to identify a deceased person, determine the cause of death, or to enable them to perform their respective duties.

**Fundraising.** We do not perform any kind of fundraising activity.

**Other Uses and Disclosures of PHI**

We do not take or maintain psychotherapy notes. We will not market or sale PHI. Also, we will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke at any time an authorization in writing. When we receive your written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action on the previous authorization.

**Questions and Complaints**

If you are concerned that we may have violated your privacy rights as explained in the section entitled Your Health Information Rights, you may contact us using the contact information below. Or, you may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. If you determine to file a complaint with us or with the U.S. Department of Health and Human Services we will not retaliate against you. That is your choice and right to complain under HIPAA law.

At any time you may request a copy of our Notice. For more information about our privacy practices, or for additional copies of this Notice, please contact us at the following information:

**Contact Information:**

Our Privacy Official: Steven E. Fuhriman  
Practice Name: **Northwest Oral Health Outreach, LLC**  
Address: P.O. Box 951  
Ellensburg, WA 98926  
Telephone: 1-855-426-9646  
E-mail: steve.fuhriman@nwoho.com