

**Nathan M Downey DDS, MS, INC**  
**Notice of Privacy Practices for**  
**Protected Health Information**

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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.

The Privacy of your health information is important to us.

This notice of privacy practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you (i.e. individually identifiable information, such as names, dates, phone/fax numbers, email addresses, home/businesses addresses, social security numbers), including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Our practice is committed to maintaining the privacy of your protected health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required to maintain the confidentiality of health information that identifies you and abide by the terms of this Notice of Privacy Practices. 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 both before and after the change. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the 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.

**Uses and Disclosures of Protected Health Information**

You will be asked by our doctor and staff to sign this Notice of Privacy Practices. We will make a good faith effort to obtain a written acknowledgement that you received this Notice of Privacy Practices for Protected Health Information the first time we provide services to you after April 14, 2003 or as soon as reasonably practicable under the circumstances. Your protected health information may be used and disclosed by your doctor, our office 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 obtain payment for your health care bills and to support the operation of the doctor's practice.

Following are examples of the types of uses and disclosures of your protected health care information that the doctor's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that may need access to your protected health information. We will disclose protected health information to other health care professionals who may be treating you (i.e., your general dentist, oral surgeon, etc.) in connection with our rendering orthodontic treatment to you (i.e., to determine the results of cleanings, surgery, etc.).

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. Our practice may use and disclose your protected health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for

benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may use your protected health information to bill you directly for services and items. We may use your protected health information to use and disclose to third party payors and spouses (i.e. insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment of your account (i.e. to determine benefits, dates of payment, etc.).

Healthcare Operations: We may use or disclose your protected health information in order to support the business activities of this office or to operate our business. These activities include, but are not limited to, Quality assessment activities, employee review activities, conduct cost-management and business planning activities, licensing and conducting or arranging for other business activities.

We may use and/or disclose your protected health information to certifying, licensing and accrediting bodies (i.e. The American Board of Orthodontics, state dental boards, etc.) in connection with obtaining certification, licensure or accreditation.

We may use and disclose your protected health information internally, to all staff members who have any role in your treatment; to other patients and third parties who may see or overhear incidental disclosures about your treatment, scheduling, etc.; and to your family and close friends involved in your treatment. We may contact you to provide appointment reminders and payment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities.

We will share your protected health information with third party "business associates" that perform various activities (i.e. online account access and bill payment) 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 terms that will protect the privacy of your protected health information.

### **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that your doctor or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Uses and Disclosures of Protected Health Information in Certain Special Circumstances**

We may use or disclose your protected health information in the following situations without your acknowledgement or authorization. These situations include:

- Required by law
- Public Health
- Communicable Diseases
- Health Oversight
- Abuse and Neglect
- Food and Drug Administration
- Legal Proceedings
- Law Enforcement
- Coroners, Funeral Directors and Organ Donation
- Research
- Criminal Activity
- Military activity and National Security
- Workers' Compensation
- Inmates
- Required Uses and Disclosures

## **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:

**Access:** You have the right to inspect and obtain a copy of protected health information about you, with limited exceptions. You must submit your request in writing to obtain access to your protected health information. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

**Confidential communication:** You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing.

**Restriction:** You have the right to request a restriction on our use or disclosure of your protected health information for treatment, payment or health care operation. Additionally, you have the right to request that we restrict our disclosure of your protected health information to only certain individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request, but if we do, we will abide by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your protected health information, you must make your request in writing.

**Amendment:** You have the right to request that we amend your protected health information for as long as the information kept by or for our practice. Your request must be made in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associated disclosed your protected health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last six (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. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**Notice:** You have the right to obtain a paper copy of this notice, upon request, even if you have agreed to accept this notice electronically.

## **Complaints**

You may, without risk of retaliation, file a complaint as to any violation by us of your privacy rights with us (by submitting inquiries to our privacy contact person at our office address) or the United States Secretary of Health and Human Services.

If you want additional information or you believe that your rights have been violated, you can contact our privacy officer at the following address: Nathan M Downey DDS, MS, INC, 735 Haskins Road, Suite C, Bowling Green, Ohio 43402.

## **Our Obligations**

- We are required by law, to maintain the privacy of protected health information and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information.
- We are required to abide by the terms of our Privacy Notice that is currently in effect
- We are required to advise you of our right to change the terms of this Privacy Notice and to make the new notice provisions effective for all protected health information maintained by us, and that if we do so, we will provide you with a copy of the revised Privacy Notice.

Please note that we are not obligated to honor any request by you to restrict the use or disclosure of your protected health information; Amend your protected health information; Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.

## **Patient Consent for Use and Disclosure of Protected Health Information**

I hereby give my consent for Nathan M Downey DDS, MS, INC to use and disclose protected health information about me to carry out treatment, payment activities and healthcare operations.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Nathan M Downey DDS, MS, INC reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request.

With this consent, Nathan M Downey DDS, MS, INC may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out treatment, payment and healthcare operations, such as appointment/payment reminders, insurance items and any calls pertaining to my care.

With this consent, Nathan M Downey DDS, MS, INC may mail to my home or other alternative location any items that assist the practice in carrying out treatment, payment activities and healthcare operations, such as appointment reminder cards, statements and any other documents pertaining to my care.

With this consent, Nathan M Downey DDS, MS, INC may use electronic e-mail to my home or other alternative location any items that assist the practice in carrying out treatment, payment activities or healthcare operations, such as appointment/payment reminder, patient statements and any other documents pertaining to my care.

I have the right to request that Nathan M Downey DDS, MS, INC restrict how it uses or discloses my protected health information to carry out treatment, payment activities or healthcare operations. However the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement with exceptions. By signing this form, I am consenting to Nathan M Downey DDS, MS, INC use and disclosure of my protected health information to carry out treatment, payment activities and healthcare operations.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Nathan M Downey DDS, MS, INC may decline to provide treatment to me.

This privacy notice is effective as of the date of your signature. If you have any questions about the information in this Notice, please ask for our Privacy Contact Person or direct your questions to this person at our office address.

**Thank You.**