

ABSOLUTE DENTAL  
18014 WOLF ROAD  
ORLAND PARK

## **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 IT CAREFULLY.

We are required by law to give you this notice of our duties and privacy practices and your rights. We are required to follow the terms of this Notice. This Notice also describes some, but not all of the uses and disclosures we may make with your protected health information. This Notice also describes your rights to access and control your protected health information. This Notice also describes your rights to access and control your protected health information including demographic information that may identify you and that relates to your past, present, or future physical health care services.

### **WE MAY USE AND DISCLOSE INFORMATION FOR THE FOLLOWING PURPOSES.**

**TREATMENT:** We will use or disclose your protected health information to provide treatment, and to coordinate, or manage your healthcare and any related services. For example, we give information to doctors, nurses, lab technicians, and others, including information from tests you receive and we record that information for others to use. We may provide information to your health plan or other providers to arrange for a referral or consultation.

**PAYMENT:** We will use or disclose your protected health information, as needed to obtain payment for your health care services. For example, we may contact your insurer to verify benefits for which you are eligible, obtain prior authorization, and give them details they need about our treatment to make sure they will pay for your care. We will also use or disclose your medical information to bill directly and to obtain payment from third parties that may be responsible for payment, such as family members.

**HEALTHCARE OPERATIONS:** We will use or disclose your protected health information, as needed, in order to perform healthcare operations. Healthcare operations include, but are not limited to: quality assessment/improvement activities; risk management, claims management, doctor and employee review activities; licensing; and regulatory surveys. We may also disclose your protected health information to our business associates that perform activities on our behalf, for example, Medicare; and for other business planning activities.

**APPOINTMENTS AND SERVICES:** We may use and disclose your protected health information to remind you of an appointment or to give you information about treatment alternatives or other health related benefits or services that may interest you.

**INDIVIDUALS INVOLVED IN YOUR CARE:** We may disclose your protected health information to a friend or family member who is involved in your care unless you ask us not to.

**WITH YOUR AUTHORIZATION:** We may use or disclose your protected health information for purposes not described in this Notice, or otherwise permitted by law, only with your written authorization. You may revoke any authorization at any time, in writing, but only as



to future uses or disclosures, and only where we have not already acted in reliance on your authorization.

## **USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR AUTHORIZATION, CONSENT, OR OPPORTUNITY TO OBJECT**

**REQUIRED BY LAW:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law, but only to the extent and under circumstances provided in such law.

**PUBLIC HEALTH:** We may use or disclose your protected health information for public health activities such as reporting communicable diseases, injury, and reporting child abuse and for work place related injury.

**ABUSE OR NEGLECT:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe you may be a victim or abuse, neglect or domestic violence to the governmental agency or entity authorized to receive such information. This disclosure will be made consistent with the requirements of applicable federal and state laws.

**FOOD AND DRUG ADMINISTRATION:** We may disclose your protected health information to a person or company required by the food and drug administration to report adverse events, product defects or problems, biologic product deviations, or to track products, to enable product recalls; to make repairs or replacements.

**APPOINTMENT REMINDERS:** we may use or disclose your health information to provide you with appointment reminders such as voicemail messages, postcards or letters.

## **PATIENTS RIGHTS**

**ACCESS:** We will provide you with a copy of the current notice of privacy practices if you request it. A copy of the current notice in effect will be available at the registration areas of our office and it is available upon request. You have the right to obtain a paper copy of this notice upon request.

### **RIGHT TO REQUEST A RESTRICTION ON CERTAIN USES AND**

**DISCLOSURES:** You have the right to request restrictions on uses and disclosures of your health information for the purposes of treatment, payment or healthcare operations. We are not required to allow your request. If we do agree with the request, we will comply with your request except to the extent that the disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.

**REQUEST a COPY OF YOUR HEALTH RECORD:** You have the right to obtain a copy of your health record, except in limited circumstances defined by federal regulations. A fee may be charged to copy your record.

**AMENDMENT:** You have the right to request that we amend your health information (your request must be in writing and explain why you would like to amend your health information). We may deny your request under certain circumstances.

**ALTERNATIVE COMMUNICATIONS:** You have the right to request that confidential communications be made by alternate means (e.g. fax versus mail) or at alternate locations. Your request must be in writing.