Nash Orthodontics Privacy Notice

THIS DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED & HOW YOU CAN ACCESS THIS INFORMATION
The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health providers keep your medical and dental information private. The HIPAA Privacy Rule states that health providers must also post in a clear and prominent location, and provide patients with, a written Notice of Privacy Policy. The privacy practices are in effect as of the date of your signature.

EXAMPLE USES & DISCLOSURES OF HEALTH INFORMATION
Treatment, Payment, and Healthcare Operations: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. We may use or disclose your health information to obtain payment for services we provide to you, to participate in quality assurance, disease management, training, licensing, and certification programs. Upon your written request, we will not disclose to your health insurer any services paid by you out of pocket.
Appointment Reminders: We provide you with appointment reminders (such as voicemail messages, letters, emails, and SMS).
Marketing Services: We may provide you with internal marketing communications (such as emails). We will never sell your health information to a third party or other business entity.
Abuse or Neglect: If abuse or neglect is reasonably suspected, we may use or disclose your health information to the appropriate governmental authorities.
Required by Law: We may use or disclose your health information when we are required to do so by law.
Your Authorizations: In addition to the above, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. Based on our judgement and as per 164.522(a) of HIPAA we may disclose your information to family members in the event of an emergency**.**

PATIENT RIGHTS
Access: You have the right to look at or get copies of your health information, with limited exceptions. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your health information. We may charge you a reasonable cost-based fee for expenses such as copies and staff time.
Accounting of Disclosures: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for additional requests.
Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We will keep your information confidential from your health plans if you pay cash, at your request. In some instances, we may not be required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

QUESTIONS AND CONCERNS
If you want more information about our Privacy Policy or have questions or concerns, please contact us. You also may submit a written notice to the Department of Health and Human Services (HHS). We will provide you with the HHS address upon request. We will not retaliate in any way if you choose to file a complaint. We support your right to the privacy of your health information.

Patient Acknowledgement: I hereby acknowledge that I have received and reviewed a copy of this privacy notice.

Signature: _____ ***Date:*** _____ /_____ /_____

Patient Name: _____ ***Relationship to patient:*** _____