

NOTICE OF PRIVACY PRACTICES

“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”

Effective March 1, 2015

NuSmiles Orthodontics is committed to protecting your health information. This notice explains how we will use, share and protect your health information. It also explains your rights to privacy of your health information as required by law. If our confidentiality practices change, a new notice will be mailed to you within sixty (60) days of the change.

Uses, Sharing and Protection of Health Information

The law only allows our staff to use your health information when doing their jobs or to share your information when it is necessary to run the program. When health information is shared with other agencies or organizations, our office requires them to keep your health information confidential. Your health information will be shared to approve or deny treatment, and to determine if you are getting the right dental treatment. For example, doctors and assistants employed by our practice may review the treatment plan created for you by your health care provider to make sure the care you receive is covered by your dental insurance.

The Practice Will Use and Share Your Health Information Without Authorization to:

- Make payments to your health care providers for dental services provided to you.
- Coordinate payment for your care between the practice, other health plans, and other insurance companies that may be responsible for the cost of your care.
- Coordinate your care between the practice, other health plans, and health care providers to improve the quality of your health care.
- Evaluate the performance of your health care provider. For example, the practice contracts with consultants to review office and other facilities' medical records to check on the quality of care you received.
- Release information to its attorneys, accountants, and consultants so that the practice is run efficiently and to detect and prosecute insurance fraud and abuse.
- Send you helpful information such as insurance benefit updates, free orthodontic exams and consumer protection information.
- Share information with government agencies or organizations that provide benefits or services when the information is necessary in order for you to receive those benefits or services.

The Program May Disclose Your Health Information Without Authorization:

- To public health agencies for activities such as disease control and prevention, problems with medical products or medications.
- If you are the victim of abuse, neglect or domestic violence.
- To health oversight agencies responsible for the Medicaid Program such as the U.S. Department of Health and Human Services and its Office of Civil Rights.
- In court cases or judicial and administrative hearings when required by law to run the practice.
- To coroners, medical examiners, and funeral directors so they can carry out their jobs as required by law.
- To organizations involved with organ donation and transplantation, communicable disease registries and cancer registries.
- To entities authorized to conduct a research project.
- To prevent a serious threat to a person's or the public's health and safety.
- To the military if you are or have been a member of the armed services.
- To a correctional facility or law enforcement officials to maintain the health, safety, and security of the corrections systems, if you are held in custody.
- To workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.
- To law enforcement or national security and intelligence agencies, and to protect the President and others as required by law.

Uses and Disclosures of Protected Information Based on Your Written Authorization

All other uses and disclosures will be made only with your written authorization. These may include:

- Most uses and disclosures of your treatment notes will require your authorization.
- Any use or disclosure for marketing purposes will require your authorization.
- Any use or disclosure that would constitute a sale of your information will require your authorization.

Your Other Right Concerning Your Health Information Includes the Right to:

- See and get copies of your records. You may be charged a fee for the cost of copying your records.
- Request to have your records amended or corrected if you think there is a mistake. You must provide a reason for your request.
- Receive a list of disclosures. This list will not include the time that information was disclosed for treatment, payment or health care operations. The list will not include information provided to you or your family directly, or information that was sent with your authorization.
- Further restrict uses and disclosures of your health information. You must tell our office what information you want to limit and to whom you want the limits to apply. Our office is not required to agree to the restriction.
- Cancel authorizations previously provided by you to our office. This cancellation, however, will not affect any information that has already been shared.
- Receive a written notification in the event of a breach of your protected information.
- Choose how the program communicates with you in a certain way or at a certain place.
- Opt out of receiving fundraising communications.
- File a complaint if you do not agree with how our office has used or disclosed information about you.
- Receive a paper copy of this notice at any time.

ANY REQUEST YOU MAKE TO OUR OFFICE MUST BE IN WRITING

How to Contact Our Office Regarding Your Privacy Rights:

Mail all written forms, requests and correspondence to:

NuSmiles Orthodontics, LLC
Chief Privacy Officer
5900 Waterloo Road, Suite 220
Columbia, MD 21045

The Privacy Officer may deny your request to look at, copy or change your records. If our office denies your requests, we will send you a letter that tells you why your request is being denied and if you can request a review of that denial.

How to File a Complaint:

You may file a complaint with our office or the U.S. Department of Health and Human Services-Office of Civil Rights: (You will not be retaliated against for filing a complaint)

Send correspondence to:

NuSmiles Orthodontics, LLC
5900 Waterloo Road, Suite 220
Columbia, MD 21045

-or-

Dept. of Health & Human Services
200 Independence Ave., SW
HHH Building
Room 509H
Washington, DC 20201

For More Information:

If you have any questions about this notice or need more information, please contact the office. NuSmiles Orthodontics may change its Notice of Privacy Practices. Any changes will apply to information we already have, as well as any information we may get in the future. A copy of any new notice will be posted at our office as well as on our web site. You may ask for a copy of the current notice at any time, or get it on-line at www.NuSmilesortho.com

Printed Patient Name

Patient/Parent/Guardian Signature

Printed Parent/Guardian Name

Date