

Notice of Privacy Practices

As required by Privacy Regulations
Created as a result of Health Insurance Portability and Accountability Act
(HIPAA)

- ❖ At Gannon Lee D.D.S., we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to you this notice, and to follow the terms of this notice.
- ❖ The law permits us to use or disclose your health information to those involved in your treatment. For example, a discussion of your records may be sent to another dentist we refer you to.
- ❖ We may disclose your health information for payment of your services, For example, we may send a report to your insurance company.
- ❖ We may use or disclose your health information for our own normal healthcare operations. For example, when you arrive we will ask you to sign in, or one of our staff will enter your information in to the computer.
- ❖ We may share your information with our business associates, such as answering service or medical record storage company. We have a written contract with each business associate that requires them to protect your privacy.
- ❖ We may use your information to contact you. For example, we may send newsletters or other information to you in the mail. We may call you to confirm your appointment or give you test results. If you are not home we may leave this information on your answering machine or with the person who answers the phone.
- ❖ In an emergency, we may disclose your health information to a family member or another person responsible for your care.
- ❖ We may release some or all of your health information as required by law.
- ❖ If this practice is ever sold, your information will become property of the new owner.
- ❖ Except as described above, we will not disclose your health information without prior written authorization.
- ❖ You may request in writing that we not disclose your information as described above, We will let you know if we can fulfill your request.
- ❖ You have the right to know of any uses or disclosures we make with your information beyond normal uses.
- ❖ As we will sometimes need to contact you, we will use whatever address or telephone number you prefer.
- ❖ You have the right to transfer copies of your health information to another practice. We will mail your files for you. There may be a cost (as allowed by the law) for the time and materials to copy and send your records.
- ❖ You have the right to see and receive a copy of your health information, with a few exceptions. You must give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.
- ❖ You have a right to request an amendment or change to your health information. You must give a written request. If you wish to include a statement in your file, please give it in writing. We may or may not make the change. We will not remove nor alter earlier documents, but will add new information.
- ❖ You have a right to receive another copy of this notice. If we change any of the details of this notice you will be notified.
- ❖ If you feel that your rights have been violated, you may file a complaint with the Department of Health and Human Services, 200 Independence Ave, S.W. Room 509P, Washington DC 20201. You will not be retaliated against for filing a complaint.

Thank You!

Please accept our appreciation and sincere thanks for letting us serve you. Sometimes in the rush of business life, we fail to say **thanks** loud enough to hear, but you can be sure your patronage is never taken for granted. Our aim is to please and satisfy you.