

# PLEASE KEEP FOR YOUR RECORDS

## Notice of Privacy

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.

With your consent, the program is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnosis, treatment, and applying for future care or treatment. It also includes billing documents for those services.

### Example of use of your health information for treatment purposes:

Clinical staff obtains information about you and records it in a health record. During the course of your treatment, the clinical staff determines a need to consult with another dental professional in the area. The clinical staff will share the information with dental professional to obtain input.

**Example of use of your health information for payment purposes:** The program may submit a request for payment to Medicaid/CHIP and/or your insurance company. Medicaid/CHIP or the insurance company may request information from us regarding the dental care provided. We will provide information to them about you and the care given.

**Example of use of your information for health care operations:** The program tracks internal information regarding the populations served by the program through detailed measurements to include but are not limited by: quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, insurance filings and outreach assessments. We will share information about you with our partners as necessary to obtain services, program review and funding opportunities.

The health records we maintain and billing records are the physical property of the program. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing our office. We are not required to grant but we will comply with any request granted;
- Request that you be allowed to inspect and copy your health record and billing record-you may exercise this right by delivering the request in writing to the program;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to the program;
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to the program. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to family members or friends in the course of providing care;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office; and,
- Revoke authorization that you made to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to the program.

**Signature below is acknowledgement that you have received this Notice of our Privacy Practices:**

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Our Responsibilities

The program is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

The program reserves the rights to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information changes, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our facility and picking up a copy.

### To request information or file a complaint

If you have questions, and would like additional information, or want to report a problem regarding the handling of your information please write to:

Future Smiles  
3074 Arville Street Las Vegas, Nevada 89102

You may also file a complaint by mailing it or emailing it to the Secretary of Health and Human Services.

- The program cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment. Nor will the program retaliate against you for filing a complaint.

### Other Disclosures

#### Notification

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, social worker, school counselor, schoolteacher, or other person responsible for your care, about your location, and your general condition, or your death.

#### Communication with Family

Using our best judgment, we may disclose to a family member, other relative, or other person responsible for your care, your health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

#### Abuse and Neglect

The program may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

#### Health Oversight

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

#### Other Uses

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.