

Branham & Mueller Dental Arts

Kimberly L. Branham, D.D.S.

Carl M. Mueller, D.D.S.

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.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is required by federal and state law to maintain the privacy of your health information. This notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes how your rights to access and control your protected health information in some cases. Your "protected health information" means any of your written and oral health information that is created or received by your health care provider, and that relates to your past, present or future physical health or condition. We must follow the privacy practices described in this Notice while it is in effect. **This notice takes effect on April 14, 2003**, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, providing applicable law permits any changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, and if you have any questions regarding this Privacy Notice, please contact the office at 248-474-5572.

WHO WILL FOLLOW THIS NOTICE

All employees, staff and those involved with your treatment, payment or the operation of our office. We are committed to you. We understand that information about you is personal and confidential. We have always used, stored and shared your information responsibly, and we will continue to do so.

USES AND DISCLOSURES OF HEALTH INFORMATION

The practice may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting other health care operations. Your protected health information may be used or disclosed only for these purposes, unless the practice has obtained your authorization or as the use of disclosure is, otherwise, permitted by the HIPAA Privacy Regulations or State law. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally or by facsimile.

TREATMENT

We will disclose and use your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care and any related services. We may disclose or use your protected health information to a physician or other

healthcare provider providing treatment or services to you or consulting with a physician or other health care professional with respect to your care.

If your treatment requires conversation in a common area, we will exercise reasonable efforts to insure the privacy of your private health information.

PAYMENT

We may use or disclose your health information to bill for treatment received and to obtain payment for services we provide you. Payment may be collected from you, your insurance company or a third party. We may need to give your health plan information about your treatment, so your health plan will pay us or reimburse you for the service. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health/dental plan. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

YOUR AUTHORIZATION

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it writing 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 written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

PERSONS INVOLVED IN CARE

We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to the use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is relevant to the person's involvement in your healthcare. We will use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical/dental supplies, x-rays, or other similar forms of health information.

HEALTHCARE OPERATIONS

We may disclose or use your protected health information as necessary, for your own health care operations in order to facilitate the function of the practice and to provide quality healthcare to all patients. Health care operations include such activities as:

- >Appointment reminders, by mail or phone.
- >Sign in sheets to identify you are present for your appointment(s).
- >Posted schedules, which may include the treatment planned for you.
- >To provide you with information about treatment alternatives that may be of interest to you.
- >To communicate with person's involved with your care, including family, friends and those who may help with payment for your treatment.
- >Quality assessment and improvement activities.
- >Reviewing the competence or qualifications of healthcare professionals.
- >Evaluating practitioner and provider performance.
- >Employee review activities.
- >Training programs including those in which students, trainees, or practitioners in health care learn under supervision.
- >Accreditation, certification, licensing or credentialing activities.
- >Review and auditing, including compliance programs.
- >Business management and general administrative activities. In certain situations, we may disclose patient information to another provider or health plan for their health care operations.

RESEARCH

Under certain circumstances, we may use and disclose medical information about you for research projects. We will ask for your specific authorization if the research includes items of your identity.

MARKETING HEALTH-RELATED SERVICES

We will not use your health information for marketing communications without your written consent. We reserve the right, however, to post children's photos on our smile board and to use photos from our Children's Dental Health Month open houses. We will respect your wishes if you decline either written or orally to participate.

OTHER USES AND DISCLOSURES

- >To confirm or remind you of a scheduled appointment.
- >To inform you of potential treatment alternatives or options.
- >To schedule appointments.
- >To inform you of health related benefits or services.

USES AND DISCLOSURES BEYOND TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS PERMITTED WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT

WHEN LEGALLY REQUIRED

We will disclose your protected health information, without your permission, when required to do so by Federal, State or Local Law.

ABUSE OR NEGLECT

We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health and safety of others.

PUBLIC HEALTH RISKS

We may disclose your personal health information for the following public activities and purposes:

- >As required by law.
- >To prevent, control, or report disease, injury or disability as permitted by law.
- >To conduct public health surveillance, investigations and interventions as permitted or required by law.
- >To collect or report adverse reactions to medications or problems with a product. To collect and report product defects, track FDA regulated products, enable product recalls, repairs or replacement to the FDA and conduct post marketing surveillance.
- >To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- >To report to an employer information about an individual who is a member of the workforce as legally permitted or required.
- >To report abuse, neglect, or domestic violence. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

APPOINTMENT REMINDERS

We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

SPECIFIED GOVERNMENT FUNCTIONS

In certain circumstances, Federal regulations authorize the practice to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

TO CONDUCT HEALTH OVERSIGHT ACTIVITIES

We may disclose your personal health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions or other activities necessary for appropriate oversight as authorized by law. We will not disclose your information if your health information is not directly related to your receipt of health care or public benefits.

IN CONNECTION WITH JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization (in the format approved by the Michigan Court Administrator).

WORKER'S COMPENSATION

The practice may release your health information to comply with worker's compensation laws or similar programs.

YOUR RIGHTS You have the following rights regarding your health information.

THE RIGHT TO INSPECT AND COPY

You have the right to inspect and copy health information that may be used to make decisions about your care. This usually includes medical, dental and billing records, with limited exceptions.

In order to inspect and copy your medical information, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and staff time associated with your request. We may deny your request to inspect and copy in certain circumstances. Under Federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or for the use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information.

Depending on the circumstances, you may have the right to have a decision to deny access reviewed. We may deny your request to inspect or deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access request is likely to endanger your life or safety or that of another person, or that is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect and copy your medical information, you must submit a request in writing to the Privacy Officer whose contact information is listed near the bottom of this notice. Please, contact the Privacy Officer if you have any questions about your access to your medical record.

RIGHT TO AMEND

If you feel that the medical information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for the practice. To request an amendment, your request and the reason for that supports the request, must be made in writing and submitted to the Privacy Officer. We may deny your request if not in writing or: The information was created by us, unless the person or entity that created the information is no longer available, not part of the health information kept by or for the practice. The information is not part of the information, which you would be able to inspect or copy; or the information is accurate and complete.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

This is a list of the disclosures we made of your protected health information that was not related to treatment, payment or office operations as we have listed. To request an accounting of these disclosures,

you must submit your request in writing to the Privacy Officer, stating a time period of not more than 6 years, not including dates before February 2003. You are entitled to one accounting without charge. You may be charged for subsequent lists. You will be told the cost involved, and may withdraw or modify your request.

RIGHT TO REQUEST A RESTRICTIONS ON THE USES AND DISCLOSURES

You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. The practice is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the practice does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting our Privacy Officer in writing.

CONFIDENTIAL COMMUNICATIONS BY ALTERNATIVE MEANS OR LOCATION

You have the right to request that we communicate with you about health matters in a certain way at a certain location. For example, you may ask that we only contact you at work or by mail. To request confidential communications contact the Privacy Officer in writing. It is not necessary for you to give a reason for this request. We will accommodate your requests if reasonable. Your request must specify how or where you wish to be contacted.

RIGHT TO A WRITTEN COPY OF THIS NOTICE OF PRIVACY PRACTICES

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

OUR DUTIES

We reserve the right to change and to modify this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you, as well as, any information we will receive in the future. We will post a copy of the Notice of Privacy Practices that is in effect in the practice and we will have copies available upon request.

COMPLAINTS

You have the right to express complaints without being penalized to our practice and to the Secretary of Health and Human Services, if you believe your right have been violated. You may complain to the practice by contacting the Privacy Officer verbally or in writing. There will not be any retaliation, in any way, for filing a complaint. Our practice cares about you and your rights.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you must complain to us by using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint to the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

*We welcome your comments and involvement in our practice.
We will continue strive daily to provide you with the best possible care and service.*

*We ask you to acknowledge this Notice of Privacy Practices with your signature to be kept on file.
This is a new requirement of the Federal Health Insurance and Portability Act effective April 13, 2003.
Thank you.*

Telephone: 248.474.5572 Fax: 248.474.3039
E-mail: branhamdentalarts@comcast.net
Address: 28807 W. Eight Mile Rd., Ste. 101, Livonia, MI
48152