

PRIVACY NOTICE TO OUR PATIENTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION

Please review it carefully: If you have any questions about this information, please contact our Office Manager, who is also our "Privacy Manager".

Who will follow this notice: All employees, staff, and those involved with your treatment, billing or other operations of the office.

Our commitment to you: We understand that information about you is personal and confidential. We have always used, stored, and shared information responsibly, and will continue to do so. This new notice is in response to a new federal law regarding patient information and applies to all your records kept by this practice, whether made by us directly or received on your behalf from another healthcare provider. This notice will tell you about the ways we may use and disclose information about you. We also describe your rights regarding this information and certain obligations we have regarding the use and disclosure of your "protected health information" .

We are required by law to: Make sure that medical information that identifies you is kept private. We are required to provide this notice of our legal obligations and privacy practices with respect to your information; and follow the terms of the notice that is currently in effect.

How we may use and disclose medical information about you: Not every use or disclosure in a category will be listed. We will give examples in each category. All the ways we are permitted to use and disclose your information will fall into one of these categories.

For treatment: We may use medical/dental information about you to provide you with treatment or services. We may disclose medical/dental information about you to others who also are involved in your treatment or taking care of you., i.e. dental labs, other specialists.

For Payment: We may use and disclose medical/dental information about you so that the treatment and services you received can be billed to and payment collected from you, your insurance company, or a third party. i.e., We may need to tell your health plan in advance of providing treatment to obtain approval or determine whether your plan will cover all or partial payment for the treatment.

For health care operations: The law permits us to use and disclose medical/dental information about you for the operation of our practice. These uses and disclosures are necessary to run the practice and assure quality care. i.e., Clinical Studies to improve our practice, Appointment reminders by phone or mail, Sign in sheets to identify you are present for your appointment, Posted schedules, which may include scheduled treatment .

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

As required by law: We will disclose medical information about you when required to do so by federal, state, or local law.

To avert a serious threat to health and safety: We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

Other Special Situations

Organ and tissue donation: As necessary to facilitate organ or tissue donation or transplantation

Military and veterans: If you are a member of the armed forces, we may release information about you as required by military command authorities.

Workers Compensation: We may release information about you for workers compensation or similar programs.

Public health risks: We may disclose medical information about you for public health activities. i.e. To prevent or control disease, injury or disability, To report child abuse, neglect or exploitation, To report reactions to medications, To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease condition.

Health oversight activities: We may disclose information to a health oversight agency for activities authorized by law. i.e., for audits, investigations, inspections, and licensure.

For lawsuits and disputes: In response to a court or administrative order, subpoena, discovery request or other lawful process.

Law enforcement: We may release information if asked to do so by a law enforcement official, i.e., in response to a court order, subpoena, warrant, summons or other similar process, To identify or locate a fugitive, witness, or missing person, About a victim of a crime, about a death believed to be the result of criminal conduct, In emergency situations to report a crime, victim or location of a person.

Coroners, medical examiners, funeral directors: As needed to determine identity

National security and intelligence activities: as requested by authorized federal officials

Inmates: we may release information to the correctional facility for your health care, to protect the health of others or for safety or security.

Your Rights Regarding Medical Information About You

Right to inspect and copy: You have the right to inspect and have copied any medical information that may be used to make decisions about your care. This includes medical, dental and billing records.

To inspect or copy your medical information, you must submit your request in writing to the office manager. If you request a copy of the information, we may charge you a fee for the cost of copying, mailing, or other supplies and staff time associated with your request. If you request to inspect your information, you will be given a date and time at which you can inspect your records under the supervision of the office manager.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to the medical information, you may request that another licensed professional, chosen by the practice, review your request and the denial. We will comply with the outcome of the second review.

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 that supports the request, must be made in writing and submitted to the office manager. We may deny the request if it is not in writing or: the information was not created by us, is not part of the medical information kept by the practice, is not part of the information which you would be permitted 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 medical information that was not related to treatment, payment, or operation of the office. Dates before February 2003 are not applicable.

Right to request restrictions: You have the right to request restriction or limit on the medical information we use or disclose about you for treatment, payment, or office operation. You also have the right to request such restrictions on information we may disclose to someone involved in your care, like a family member or friend.

We are not required to agree to your request

If we do agree, you must make your request in writing and tell us: what information you want to limit, to whom you want the limits to apply, and the reason for your request. We will comply unless the medical information is needed for emergency treatment.

Right to request confidential communications: You have the right to request that we communicate with you about medical matters in a certain way at a certain location. To request confidential communications, you must make your request in writing to the office manager. We will accommodate your request if reasonable.

Changes to this notice: We reserve the right to change this notice. Current copies will be available for you upon request.

Complaints: You have the right to file a complaint without being penalized. If you believe your privacy rights have been violated, you may file a complaint with the office manager. Please submit your concerns in writing. All complaints will be followed through a practice review process, and all appropriate efforts will be made to resolve your concerns. You also have the right to file a complaint regarding privacy violations to the Secretary of Health and Human Services, Washington, D.C.

Other Uses of medical information: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission, revocable at any time, in writing.

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