



Elkhart Periodontics and Implants LLC
Dr. Kelly Hill, DDS, MSD
320 W. Bristol St.
Elkhart, IN 46514

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 take time and review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice whilst it is in effect. This Notice takes effect July 2, 2018, and it will remain in effect until we replace it.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We reserve the right to change our privacy practices and terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Protected health information (PHI) is the information obtained 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.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your medical records for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

Treatment: means providing, coordination, or managing health care and related services by one or more health care providers. An example of this would include hygiene therapy services or to another specialist, dentist or physician providing treatment to you.

Payment: includes activities such as obtaining reimbursement for services, confirming eligibility or coverage, billing or collection activities, claims management and utilization review, to obtain payment from you, an insurance company, or another third party. An example of this would be sending a claim or bill to your insurance company containing certain health information for payment.

Health Care Operations: includes the business aspects of running our healthcare operations, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, conducting training programs, licensing activities and customer service. An example would be an internal quality assessment review.

Individuals Involved in Your Care or Payment for Your Care: includes friends or family, or any other individual identified by you when they are involved in your care or in the payment for your care. Using our best judgement, we may disclose to a family member, another relative, a close friend, or any other person you identify, health information relevant to that person's involvement in your care or payment for such care if you do not object or in an emergency. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Disaster Relief: we may use or disclose your health information to assist in disaster relief efforts.

Required by law: We may use or disclose your health information when we are required to do so by law.

Public Health Activities: We may disclose your health information for public health activities, including disclosures to prevent or control disease, injury, or disability; and to notify a person who may have been exposed to a disease or condition.

Abuse or Neglect: We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Food and Drug Administration (FDA): We may disclose to the FDA your protected health information relating to adverse events with respect to medications, products, devices and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Worker's Compensation: If you are seeing compensation through Worker's Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Worker's Compensation and other similar programs established by law.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

Correctional Institutions: We may disclose to the correctional institution, its agents, or law enforcement official having lawful custody the protected health information of an inmate or patient any protected health information necessary for your health and the health and safety of other individuals.

Secretary of HHS: We will disclose your health information to the secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Law Enforcement: We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, in response to a subpoena or court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight Activities: We may disclose your PHI to appropriate health oversight agencies or for health oversight activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings: We may disclose your PHI in the course of any judicial or administrative proceedings as allowed or required by law, with your consent, or as directed by a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Coroners, Medical Examiners, and Funeral Directors: We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Other Uses and Disclosures of PHI: 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 in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken in reliance on the authorization.

YOUR HEALTH INFORMATION RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting: With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To requesting an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Officer. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

Right to Request a Restriction: You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Officer. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

Right to Notification of a Breach: You will receive notifications of breaches of your unsecured protected health information as required by law.

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 if you disagree with a decision we 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 may complain to us 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 with 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.

Our Privacy Officials: Dr. Kelly Hill/Pam Duerksen

Telephone: 574-266-6107

Fax: 574-264-9729

Address: 320 W. Bristol St., Elkhart, IN 46514