

HIPPA POLICY-MORNING GLORY DENTAL

Important: 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.

Morning Glory Dental is required by law to protect certain aspects of your health care information know as **Protected Health Information or PHI** and to provide you with this Notice of Privacy Practices.

This notice describes our privacy practices, your legal rights, and lets you know, how Morning Glory Dental is permitted to

- Use and disclose PHI about you.
- How you can access and copy that information
- How you may request amendment of that information
- How you may request restrictions on our use and disclosure of your PHI

In most situations we may use this information described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

PLEASE READ THE FOLLOWING DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT THE HIPAA Privacy Officer Liaison at 402-489-8848 and someone will contact you.

For treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and staff who give orders to allow us to provide treatment to you.) It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via email, regular mail, fax or telephone to referring specialist with a copy of the written record we create in the course of providing you with treatment.

For payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you. Including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review and collection of outstanding accounts.

For health care operations. This includes quality assurance activities, licensing and training programs to ensure that our personnel meet our standard of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes.

Use or Disclosure of PHI without your authorization. Morning Glory Dental is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- For Morning Glory Dental's use on treating you or in obtaining payment for services provided to you.
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your insurance company or a referring Doctor.)
- For health care fraud and abuse detection or for activities related to compliance with the law.
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such disclosure and you do not raise an objection. We may also disclose health information to your family, relatives or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to disclosure of you PHI to your spouse or parent when your spouse or parent is calling with insurance or treatment questions. In that situation we will disclose only health information relevant to that person's involvement in your care.

READ CAREFULLY. Any disagreement with the above policy will need to be submitted in writing to the office prior to scheduled treatment time. If you would like to modify who we disclose PHI to, this must also be done in writing and submitted to the office to be kept on file. Example, if you wish a spouse or parents (for children over the age of 19) to not be involved in treatment or to answer questions about your health and possible conditions. You have a right to request a copy of this policy at any time.