

Aloha Pediatric Dentistry Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At Aloha Pediatric Dentistry we have always kept your health information secure and confidential. The law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your child's health information:

- To those involved in your child's treatment. For example, a review of your child's file by a specialist doctor whom we may involve in their care.
- For payment of their services. For example, we may send a report of your child's progress to your insurance company.
- For our normal healthcare operations. For example, one of our staff will enter you and your child's information into our computer.
- To our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect you and your child's privacy.
- To contact you. For example, we may send newsletters or other information via email or US mail. We may also want to call or email and remind you about your child's appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.
- We must disclose your health information to you, as described in the Patient Right section of this notice. You have the right to request restriction on disclosure to family members, other relatives, close personal friends, or any other person identified by you.
- In an emergency, we may disclose your child's health information to a family member or another person responsible for your child's care.
- We will not send you unsecured emails pertaining to your health information without your prior authorization. If you do authorize communications via unsecured email, you have the right to revoke the authorization at any time.
- We may contact you about products or services related to your treatment, or encourage you to purchase a product or service when you visit our office. If you are an enrolled in a dental plan, we may receive payment for our consultation with other health care providers relating to our care, or if we refer you for health care.
- We may be legally obligated to disclose your health information to public health agencies for purposes related to preventing or controlling disease, injury or disability; reporting abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
- We may disclose health information to appropriate authorities if we reasonably believe that our patient is the possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose health information to the extent necessary to avert a serious threat to our patient's health or safety or the health or safety of others.
- When required by law.

We will make every effort to keep your health, treatment, and/or payment information confidential. However, due to our open office environment, some information may be inadvertently overheard by other patients, their family or representatives.

If this practice is sold, you and your child's information will become the property of the new owner. Except as described above, this practice will not use or disclose your child's health information without your prior written authorization.

You may request in writing that we not use or disclose your child's health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your child's health information beyond the above normal uses.

As we will need to contact you from time to time, we will use whatever address, email or telephone number you prefer.

You have the right to:

- Transfer copies of your child's health information to another practice. We will mail your child's files for you.
- See and receive a copy your child's health information, with a few exceptions. Give us a written request regarding the information you want to see.
- Request an amendment or change to your child's health information. Give us your request to make changes in writing. If you wish to include a statement in your child's file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your child's file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.
- In the event your unsecured protected health information is breached, we will notify you as required by law. In some situations, you may be notified by our business associates.
- Receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your child's health information privacy, please contact our Privacy Officer at (510) 848-6494. This notice goes into effect as of September 23, 2013 and will remain in effect until we replace it.

Acknowledgement: I have read this copy of Aloha Pediatric Dentistry Notice of Privacy Practices.
You may refuse to sign this acknowledgement

Date

Patient's Name

Signature

Parent/Guardian Print Name

If this Acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's name: _____

Relationship to Patient: _____

For Use by Aloha Pediatric Dentistry Only:

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)