

NOTICE OF PRIVACY PRACTICES

This notice describes how your protected health information (PHI) may be used and disclosed and how you can get access to this information. Please read it carefully.

Redmond Ridge Family Dentistry respects your privacy. We are required by law to give you this notice about our privacy practices and your rights with regards to your PHI. This notice will remain in effect until revisions become necessary. At that time, the revised policy will be posted.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose your PHI for treatment, payment, and healthcare operations.

Treatment: We may use or disclose your PHI to other dental or healthcare providers during the course of your treatment.

Payment: We may use or disclose your PHI to obtain payment for services we provide for you.

Healthcare Operations: We may use or disclose your PHI during our healthcare operations. This will include areas like staff training, accounting, and legal activities.

Your Authorization: You may request that your PHI be disclosed to anyone you want. Unless you give us this written authorization, we cannot use or disclose your health information to anyone, for any reason, except those described in this notice.

Your Family and Friends: We may disclose your PHI to family members, friends, or other persons to the extent necessary in order to better serve you, but only if you agree that we may do so.

Marketing: We will not use your PHI for marketing communications without your written authorization.

Required By Law: We may use or disclose your PHI when required to do so by law.

Abuse or Neglect: We may disclose your PHI to the appropriate authorities if we believe that you are a possible victim of abuse, neglect, domestic violence, or other crime. We may disclose your PHI to the extent necessary to avert a serious threat to the safety of yourself or others.

National Security: We may disclose your PHI under special circumstances for the purposes of national security.

Appointment Reminders: We may use or disclose your PHI to provide you with appointment reminders.

Persons Involved in Care: We may disclose your PHI to medical personnel or a family member in the event of an emergency where you are not able to respond. This will be done using our professional judgment

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we create and store are the property of the practice. The information in it generally belongs to you. You have the right to:

- Receive, read, and ask questions about this notice.
- Ask us to restrict certain uses and disclosures. You must submit this request in writing. We are not required to agree to these restrictions, but if we do we will abide by our decision.
- Request that you be allowed to see and get a copy of your PHI. This needs to be done in writing.
- Cancel prior authorizations to use or disclose PHI by giving written notice.
- Ask that your PHI be given to you by another means or at another location. Please sign, date and give us your request in writing.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us at (425)836-8555.

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may deliver a written complaint to our office. You may also file a complaint with the U.S. secretary of Health and Human Services.