

Progressive Dental Arts

SUMMARY OF NOTICE OF PRIVACY PRACTICES (PROVIDER)

The Notice of Privacy Practices (“Notice”) covers services provided to you by **Progressive Dental Arts**. We are required by law to maintain the privacy of protected health information and to provide you with the Notice of our legal duties and privacy practices with respect to protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

The Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations. Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. The Notice also describes your rights to access and control your protected health information. Further, the Notice informs you of your rights to complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

We are required to abide by the terms of the Notice. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice (accessing our website www.progressivedentalarts.com, calling our Office Manager and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

Please read the attached Notice carefully.

NOTICE OF PRIVACY PRACTICES (Progressive Dental Arts)

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.

If you have any questions about this Notice, please contact: our Privacy Contact who is the OFFICE MANAGER.

We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice currently in effect. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice by (accessing our website www.progressivedentalarts.com, calling our Privacy Contact and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and Disclosures of Protected Health Information for Treatment, Payment, or Operations

Your protected health information may be used by your dentist for treatment, payment and health care operations as described in this Section 1 without authorization from you. Your protected health information may be used and disclosed by your dentist, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the dentist’s practice.

Following are examples of the types of uses and disclosures of your protected health care information that the dentist’s office is permitted to make without your specific authorization. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party, consultations with another dentist, or your referral to another dentist for your diagnosis and treatment.

Payment: Your protected health information will be used, as needed, to obtain or provide payment for your dental services, including disclosures to other entities. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you, and undertaking utilization review activities.

Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your dentist’s practice. These activities include, but are not limited to: quality assessment and improvement activities; reviewing the competence or qualifications of professionals; securing stop-loss or excess of loss insurance; obtaining legal services or conducting compliance programs or auditing functions; business planning and development; business management and general administrative activities, such as compliance with the Health Insurance Portability and Accountability Act; resolution of internal grievances; due diligence in connection with the sale or transfer of assets of your dentist’s practice; creating de-identified health information; and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your treating provider. We may also call you by name in the waiting room when your treating provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party “business associates” that perform various activities (e.g., billing transcription services, accounting services, legal services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.