

Family Dental Care

Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can get access to this information.

Please review it carefully.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 1/1/2011 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We also reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make a new notice available 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.

The Use & Disclosure of your Health Information:

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

For Example

Treatment: We may use and disclose your health information to a physician or other healthcare provider that is providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for the services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner or provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written consent to use our health information or to disclose it to anyone at any time. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. *Unless you have given us written authorization, we cannot use or disclose your health information for any reason except those described in this notice.*

To Your Family & Friends: We may disclose your health information to you, as described in the patient rights section of this notice. We may disclose your health information to a family member, friend or another person to the extent necessary to assist with your health care or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify, or to assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition or death. If you are present, then prior to the use or disclosure of your information we will provide you the opportunity to object to such uses or disclosures. In the event of your incapacitation or emergency circumstances, we will disclose health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inferences in our best interest in allowing a person to pick up medical supplies, x-rays or other similar form of your health information.

Marketing Health related Services: We will not use your health information for marketing communications without your written consent.

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

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of other people.

National Security: We may disclose to military authorities the health information of Armed forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to a correctional institute or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminder: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, letters etc.)

Patient Rights

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format that you request unless we cannot practicably do so.

- You must make a request in writing in order to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. We reserve the right to charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address listed at the end of this notice.

Disclosure: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payments, healthcare operation and certain other activities, for the last 6 years, but not before April 14th 2003.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restriction, but if we do, we will abide by our agreement (except in an emergency).

Questions & 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 you disagree with a decision we made about access to your healthcare information or in response to a request you made to amend or restrict the use and disclosure of your health information, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file a complaint with them upon request. We fully support your right to privacy and will not retaliate in anyway should you choose to file a complaint with us or the U.S. Department of Health and Human Services.

Contact Officer: Angela Marecek

Telephone: (503)644-1110

Fax: (503) 641-6431

Address: 8070 Sw Hall Blvd

Beaverton OR 97008