

Hunt Orthodontics
Donald W. Hunt DDS PA
Donald W. Hunt, Jr., DMD, MSD, PA

**THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Under the HIPAA privacy regulations, we are required by federal law to maintain the privacy of your protected health information (“PHI”). PHI is information about you that may identify you and that relates to your past, present, or future physical or mental health condition and related healthcare services. Federal law also requires us to provide you with notice of our legal duties and privacy practices with respect to PHI, and we are required to abide by the terms of the notice currently in effect. We reserve the right to change our notice of privacy policies and this change will effect all PHI that we maintain. Before we make a material change in our policies, we will change our notice and post the new notice in the waiting area and on our website. You may request a copy of the notice at anytime.

Your PHI may be used and disclosed by your orthodontist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your PHI may also be used and disclosed to your file to support the operation of our office. The following is a list of examples of the types of uses that our office is permitted to make. 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 may use your PHI in rendering treatment to you. For example, we are permitted to use your PHI in providing care when you visit our office. This includes the coordination or management of your orthodontic treatment – for instance, we can disclose your PHI to third parties for treatment, such as, a specialist we may refer you to. We may disclose your PHI when we contact you about appointment reminders, no-show appointments or treatment alternative. We may disclose your PHI information to your family or friends that are in the examination room with you. We may also disclose your PHI with your family or friends that are assisting you with appointments, surgical procedures, diagnostic testing or your care.

Payment: We may disclose your PHI for payment purposes. For example, PHI may be disclosed to your insurance company so you may be reimbursed for services rendered to you. If someone else is responsible for your payment, we may contact that person. We may disclose PHI to an outside collection agency as deemed necessary.

Healthcare Operations: We may disclose or use PHI to support the business of this office. These activities include, but are not limited to, quality assessment activities, employee review activities, training of professionals, licensing and conducting or arranging other business activities. For instance, we may call you by name from the lobby or other area in the building. For example, record storage may provide some related services for business operations and will have a written contract that requires them to protect your PHI in the course of performing their job.

In addition, the practice may use or disclose your PHI in accordance with the specific requirements of HIPAA regulations without us needing to obtain an authorization or giving you an opportunity to agree or object if any of the following instances occur:

- Required by law. For example, we must provide your PHI to the Secretary of the Department of Health and Human Services so requests.

- Required for public health purposes. For example, we may disclose PHI for the maintenance of vital records such as the number of births and deaths.
- Required disclosures about victims of abuse, neglect or domestic violence. For example, we may disclose PHI for the reporting of spousal, adult or child abuse.
- Required by a health oversight agency for oversight activities authorized by law. For example, we may disclose PHI to government health oversight agencies for such purposes as investigations, inspections, audits, surveys and licensure.
- Required in the course of any judicial or administrative proceeding. For example, we may disclose PHI in response to a court or administration order if you are involved in a lawsuit or similar proceeding.
- Required for law enforcement purposes. For example, we may disclose PHI for the purpose of identifying a fugitive from justice.
- Required by a coroner or medical examiner. For example, we may disclose PHI to a medical examiner to identify a deceased individual or to identify the cause of death.
- Required for organ or tissue donation purposes. For example, we may disclose PHI to an organ donation bank to facilitate the donation if you are an organ donor.
- Required for research purposes. For example, we may disclose PHI to a medical university to aid their research activities.
- Required to prevent or lessen a serious and imminent threat to the health or safety to the person or the public. For example, we may disclose PHI to prevent the spread of a communicable disease.
- Required for military purposes. For example, we may disclose the PHI of individuals who are in the armed forces for activities deemed necessary by appropriate military command authorities to ensure the proper execution of the military mission.
- Required for national security purposes. For example, we may disclose a patient's PHI to the appropriate government agencies for counter-intelligence purposes.
- Required for penal purposes. For example, we may disclose a patient's PHI to a correctional facility if the patient is an inmate in the facility.
- Required for workers' compensation programs. For example, we may disclose a patient's PHI for workers' compensation and other similar programs.

You have the following rights regarding your PHI.

Confidential Communications. You have the right to request that you receive communications of PHI by alternative locations. For example, you may request that you information be communicated to you in a confidential manner such as sending mail to an address other than your home. You do not need to give a reason, and we must accommodate reasonable requests.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payments or healthcare operations. In addition, you have the right to request that we restrict disclosure of your PHI to certain individuals involved in your care or the payment of your care, such as family members or friends. We are not required to agree to your request, however, if we do agree, we are bound by our agreement except when otherwise required by law, emergencies, or when the information is necessary to treat you. We may terminate the restriction by informing you of the termination, except that such termination is only effective with respect to PHI created or received after have informed you of the restriction termination.

Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, information compiled in anticipation of litigation, or that we are otherwise forbidden by law to disclose. You must submit your request in writing to the office designated at the bottom of this notice. We may charge a fee for the costs of copying, mailing, labor and supplied associated with the request. We may deny your request in certain cases; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

Amendment. If you believe the information we have about you is incorrect or incomplete, you may ask that we modify or add to the information. To do so, please submit your request in writing to the office designated at the bottom of this notice. We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny a request for amendment in the following cases: (1) the current information is accurate and complete; (2) it is not part of the information we keep. (3) it is not part of what you would be allowed to view and copy; and (4) it was not created by us. If we deny the request,

you have the right to file a statement of disagreement. We may then prepare a rebuttal and we will give you a copy of the rebuttal.

Accounting of Disclosures. You have the right to receive an accounting of disclosures of PHI made by us in the six years prior to the date on which the accounting is requested. We are not required to include in the list we provide you the following types of disclosures: (1) to carry out treatment, payment and healthcare operations; (2) to you; (3) for our directory; (4) for national security or intelligence purposes; (5) to correction institutions or law enforcement officials; or (6) that occurred prior to April 14, 2003. Your request must be in writing and be sent to the office designated at the bottom of this notice. The first accounting you request within a 12-month period will be free. Additional accountings may involve a charge and you may cancel or adjust your request before any fees are incurred.

Right to Provide an Authorization: We will obtain your written authorization for uses and disclosures that are not identified in this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclose your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use and disclose your PHI for the purposes described in the authorization.

Paper Copy of Notice: You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a copy, simply inform the office designated on the bottom of this notice.

Filing Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the office designated at the bottom of this notice. All complaints must be in writing and we will not penalize you for filing a complaint.

The effective date for this notice is April 14, 2003.

Contact information regarding this notice or the privacy policies described above:

Hunt Orthodontics
Donald W. Hunt, DDS, PA
Donald W. Hunt, Jr., DMD, MSD, PA
2409 Wade Hampton Boulevard
Greenville, SC 29615

Donald W. Hunt DDS, PA, Donald W. Hunt, Jr., DMD, MSD, PA is committed to maintaining the privacy of your protected health information. If you feel that you are upholding the privacy regulations as established by HIPAA, you do not need to do anything further with this notice.