

# Northside Endodontics

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## NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

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### **OUR LEGAL DUTY**

We are required by law to protect the privacy of your protected health information.. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect on the date set forth at the top of this page, and will remain in effect unless 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 reserve the right to make the changes in our privacy practices and the new terms of our notice applicable to all health information that we maintain, including health information we created or received before we made the changes. We may amend the terms of this notice at any time. If we make a material change to our policy practices, we will provide to you the revised notice. Any revised notice will be effective for all health information that we maintain. The effective date of a revised notice will be noted. A copy of the current notice in effect will be available in our facility and on our website if applicable. You may request a copy of the current notice at any time. We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our patients. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our patient's medical information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

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### **USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION**

We use and disclose health information about you without authorization for the following purposes.

**Treatment:** We may disclose your health information, without your prior approval, to another dentist, a physician or other health care provider working in our facility or otherwise providing you treatment for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, your health information may be disclosed to an oral surgeon to determine whether surgical intervention is needed.

**Payment:** We provide dental services. Your medical information may be used to seek payment from your insurance plan. For example, your insurance plan may request and receive information on dates that you received services at our facility in order to allow your employer to verify and process your insurance claim.

**Healthcare Operations:** We may use and disclose your health information, without your prior approval, for health care operations. Healthcare operations include: quality assessment and improvement activities, reviewing and evaluating dental care provider performance, qualification and competence, health care training programs, provider accreditation, certification, licensing and credentialing activities; conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention; and; business planning, development, management, and general administration, including customer service, complaint resolutions and billing, de-identifying medical information, and creating limited data sets for health care operations, public health activities, and research.

We may disclose your medical information to another dental or medical provider or to your health plan subject to federal privacy protection laws, as long as the provider or plan has or had a relationship with you and the medical information is for that provider's or plan's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

**Your Authorization:** You (or your legal personal representative) may give us written authorization to use your health information or to disclose it to anyone for any purpose. Once you give us authorization to release your medical information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may revoke your written authorization at any time in writing, except if we have already acted based on your authorization. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. We will obtain your authorization prior to using your medical information for marketing, fundraising purposes or for commercial use. Once authorized, you may opt out of any of these communications

**Health-Related Products and Services:** We may use your medical information to communicate with you about health-related products, benefits, services, payment for those products and services, and treatment alternatives.

**Reminders:** We may use or disclose medical information to send you reminders about your dental care, such as appointment reminders.

**Plan Sponsors:** If your dental insurance coverage is through an employer's sponsored group dental plan, we may share summary health information with the plan sponsor.

**Public Health And Benefit Activities:** We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and public benefit activities: - for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence; - to avert a serious and imminent threat to health or safety; -for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies; - for research; -in response to court and administrative orders and other lawful process; -to law enforcement officials with regard to crime victims and criminal activities; to coroners, medical examiners, funeral directors, and organ procurement organizations; -to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; -as authorized by state worker's compensation laws.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

**Data Breach Notifications Purposes:** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information.

**Additional Restrictions on Use and Disclosure:** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information " may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: 1. HIV/AIDS; 2. Mental health; 3. Genetic tests; 4. Alcohol and drug abuse; 5. Sexually transmitted diseases and reproductive health information; and 6. Child or adult abuse or neglect, including sexual assault.

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## **YOUR RIGHTS**

**Access:** You have the right to examine and to receive a copy of your health information, with limited exceptions. We will use the format your request unless we cannot practicably do so. You should make a request in writing to our Privacy Officer. We may charge you a reasonable cost-based fee for a copy of your medical information, for mailing the copy to you, and for preparing any summary or explanation of your medical information you request. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. Contact our Privacy Officer for information for information about our fees.

**Disclosure Accounting:** You have the right to receive a list of instances in which we disclose your health information for purposes other than treatment, payment, healthcare operations, as authorized by you, and for certain other activities.

You should submit your request to our Privacy Officer. WE will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request.

**Amendment:** You have the right to request that we amend your medical information. You should submit your request in writing to our Privacy Officer. We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we deny your request, you may have a statement of your disagreement added to your medical information. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

**Restriction:** You have the right to request that we restrict our use or disclosure of your health information for treatment, payment or health care operations, or with family, friends or others you identify. Except in limited circumstances, we are not required to agree to your request. But, if we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. You should submit your request to our Privacy Officer. Except as otherwise required by law, we must agree to a restriction request if: 1. Except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and 2. The medical information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full by the patient.

**Confidential Communication:** You have the right to request that we communicate with you about your medical information in confidence by means or to locations that you specify. You should submit your request in writing to our Privacy Officer.

**Breach Notification:** You have the right to receive notice of a breach of your unsecured medical information. Breach may be delayed or not provided if so required by law enforcement official. You may request that notice be provided by electronic mail. If you are deceased and there is a breach of your medical information, the notice will be provided to your next of kin or personal representatives if we know the identity and address of such individual(s).

**Electronic Notice:** If you received this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact our Privacy Officer to obtain this notice in written form.

## **QUESTIONS AND COMPLAINTS**

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, about amending your medical information, about restricting our use or disclosure of your medical information, or about how we communicate with you about your medical information (including a beach notice communication), you may contact our Privacy Officer. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019. We support your right to the privacy of your medical information. We will not retaliate way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

John H. Slavens, DDS, MSD

James E. Duncan, DDS, MSD

**Contact Officer:** John H. Slavens  
phone: 317-844-3396 fax: 317-844-4776  
email: [huskerhead@aol.com](mailto:huskerhead@aol.com)  
address: 1010 E. 86th St, Suite 15, Indianapolis, IN 46249

**NORTHSIDE ENDODONTICS**

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES NOTICE

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I, \_\_\_\_\_, have received a copy of this offices' Notice of  
Privacy Practices.  
**Please Print Patient Name**

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_, E-mail: \_\_\_\_\_

**Signature:** X \_\_\_\_\_

If a personal representative signs this authorization on behalf of the individual, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**Please list all persons who may have access to your account and personal information.  
Minors must have both parents listed.**

_____	_____
_____	_____
_____	_____

**YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT**

(Good Faith Effort to Obtain Acknowledgement Receipt)

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
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other \_\_\_\_\_

Patient's name (please print): \_\_\_\_\_

Patient's or personal representative's signature: X \_\_\_\_\_

Relationship to patient if not self: \_\_\_\_\_