



Notice of Privacy Practices

Your Rights

Your Choices

Our Uses and Disclosures

Our Responsibilities

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your dental record

- You can ask to see or get an electronic or paper copy of your dental record. We will provide a copy or a summary of your health information, usually within 48 hours of your request.

Ask us to correct your dental record

- You can ask us to correct your information that you think is incorrect or incomplete.

Request confidential communications

- You can ask us to contact you in a specific way, by phone or email.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, financials or consents.

Get a list of those with whom we've shared information

- You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your child's legal guardian, that person can exercise your rights and make choices about your child's health information.
- We will assure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us, for more information.

843.818.KIDS (5437) | CoastalKidsDental.com

HANAHAN
1000 Tanner Ford Blvd.
Hanahan, SC 29410

DORCHESTER RD.
8600 Dorchester Rd.
N. Charleston, SC 29420

WEST ASHLEY
808 Wappoo Rd.
Charleston, SC 29407

MONCK'S CORNER
216 E. Main St.
Moncks Corner, SC 29461

WALTERBORO
118 S. Walter St.
Walterboro, SC 29488



Your Choices

For Certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please let us know.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your child's care or in a disaster relief situation

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale your information or for fundraising efforts
- Most of Psychotherapy notes

For Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat You

- We can use your child's health information and share it with other health professionals who are treating your child.

Run our Operations

- We can use and share your child's information to run our practice, improve your child's care, and contact you when necessary.

Bill for your child's services

- We can use and share your child's health information to bill and receive payment from health plans or other entities.

Business Associates

- We can use your child's health information to business associates who need information in order to assist us with obtaining payments or carrying out our business operations.

Appointment Reminders

- We can use your child's health information to contact you to remind you that you have an appointment.

Proof of Immunizations

- We can share your child's health information with a school as required by the state or federal law.

How else can we share your health information? We are allowed or required to share your information in other ways that can contribute to the public good, such as public health and research.

Help with public health and safety issues

- We can share health information about your child for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect or domestic violence
 - Preventing or reducing serious threat to anyone's health or safety

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Do research

- We can use and share your child's information for health research.

Comply with the law

- We will share information about your child if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.

Respond to organ and tissue donation requests

- We can share health information about your child with organ procurement organizations.

Work with medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share your child's health information:
 - For workers' compensation claims
 - For law enforcement purposes or with law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share your child's health information in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date of Note: 02/1/2017

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