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Thomas E. Boccia, DMD

Notice of Privacy Practices

This Notice describes how the Confidential Center
May use and disclose your dental/medical
Information and how you can get access to this information

PLEASE REVIEW IT CAREFULLY!

OFFICE CONTACT PERSONS

**MICHELLE M. ROY
CARA VIGNEAULT**

PRIVACY OFFICER

THOMAS E. BOCCIA, DMD

A. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU

The Confidential Center is required by the Health Insurance Portability and Accountability act (Hippa) to protect the privacy of health information about you and that can be identified with you, which we call "protected health information." We must give you notice of our legal duties and privacy practices concerning protected health information.

- ☐ We must protect protected health information that we have created or received about your past, present, or future health condition, health care we provide to you or payment for your health care.
- ☐ We must notify you about how we protect protected dental/health information about you.
- ☐ We must explain how, when and why we use and/or disclose protected health information about you.
- ☐ We may only use and/or disclose protected health information as we have described in this Notice.

We are required to follow the procedures in this notice. We reserve the right to change the terms of this notice and to make new notice provisions effective for all protected information that we maintain by first

- ☐ Posting the revised notice in our office and
- ☐ Making copies of the revised notice available upon request (either at our office or through the contact persons listed in this notice).

B. WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES.

1. We may use and disclose protected dental/health information about you to provide health care treatment to you

It will be Necessary to disclose protected health information about you in order to provide, coordinate or manage your health care and related services. This may include communicating with health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose protected health care information about you when you need a prescription, lab work, x-rays, or other health care services. In addition, we may disclose protected health information about you when referring you to another health care provider.

EXAMPLE: The Confidential Center may share dental/medical information about you with another health care provider. For example, if you are referred to another doctor, that doctor will need to know if you are allergic to any medications. Similarly, your doctor may share protected health information about you with a pharmacy when calling in a prescription.

2. We may use and disclose protected health information about you to obtain payment for Services.

Generally, we may use and give your dental/medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your dental plan(s). Sharing information allows us to confirm coverage under your plan or policy and for pre-approval of payment before we provide the services. We may also share portions of your dental/medical information with the following.

- ☐ Billing departments
- ☐ Collection departments or agencies:
- ☐ Insurance companies, dental/health plans and their agents which provide you coverage:
- ☐ Electronic clearinghouses (for insurance payment and billing)
- ☐ Consumer reporting agencies (e.g., credit bureaus)

EXAMPLE: Let's say you broke your tooth. We may need provide your dental plan(s) information about your condition, and services you received (such as x-rays). The information is given to your dental plan so we can be paid or you can be reimbursed, and to confirm eligibility.

3. We may use and disclose your protected dental/health information for health care operations.

We may use and disclose protected health information in performing business activities, which we call "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce dental/health care costs. Example of the way we may use or disclose protected health information about you for "health care operations" include the following:

- ☐ Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients. For example, we may use protected health information about you to develop ways to assist health care providers and staff in deciding what dental/medical treatment should be provided to others.
- ☐ Reviewing and evaluating the skills, qualifications, and performance of dental/health care providers Taking care of you
- ☐ Providing training programs for dental/health care providers or non-dental/health care professionals (for example billing clerks, or assistants, etc.) to help them practice or improve their skills
- ☐ Cooperating with outside organizations that assess the quality of care we and others provide. These organizations might include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations
- ☐ Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty. For example, we may use or disclose protected health information so that one of our assistants may become certified as having expertise in a specific field.

- ☐ Assisting various people who review our activities. For example, protected health information may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws.
- ☐ Conducting business management and general administrative activities related to our organization and the services it provides, including providing info.
- ☐ Resolving grievances within our organization.
- ☐ Reviewing activities and using or disclosing protected health information in the event that we sell our business, property or give control of our business or property to someone else.
- ☐ Complying with this Notice and with applicable laws.

4. We may use and disclose protected dental/health information under circumstances without your authorization.

We may use and/or disclose protected health information about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- ☐ When the use and/or disclosure are required by law. Example, when a disclosure is required by federal state or local law or other judicial or administrative proceeding.
- ☐ When the use and/or disclosure are necessary for public health activities. For example, we may disclose protected health information about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- ☐ When the disclosure relates to victims of abuse, neglect or domestic violence.
- ☐ When the use and/or disclosure is for health oversight activities. For example, we may disclose protected health information about you to a state or federal health oversight agency, which is authorized by law to oversee our operations.
- ☐ When the disclosure is for judicial and administrative proceedings. For example, we may disclose protected health information about you in response to an order of a court or administrative tribunal.
- ☐ When the disclosure is for law enforcement purposes. For example, we may disclose protected health information about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- ☐ When the use and/or disclosure relates to decedents. For example, we may disclose protected health information about you to a coroner or medical examiner for the purposes of identifying you should you die.
- ☐ When the use and/or disclosure is to avert a serious threat to health or safety, For example, we may disclose protected health information about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.
- ☐ When the use and/or disclosure relates to specialized government functions. For example, we may disclose protected dental/health information about you if it relates to military and veteran's activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- ☐ When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose protected health information about you to a correctional institution having lawful custody of you.

5. You can object to certain uses and disclosures.

Unless you object, we may use or disclose protected health information about you in the following circumstances:

- ☐ We may hang your picture on our cavity free board when you have a good dental checkup
- ☐ We may share with a family member, relative, friend or other person identified by you, protected health information directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care protected health information necessary to notify such individual of your location, general condition or death.

If you would like to object to our use or disclosure of protected health information about you in the above circumstances, please send a request in writing to one of our contact persons listed on the cover page of this Notice.

6. We may contact you to provide appointment reminders.

We may use and/disclose protected health information to contact you to provide a reminder to you about an appointment you have for treatment or one that needs to be scheduled.

7. We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose protected health information to manage or coordinate your dental/healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. We may also use and/or disclose protected health information to give you gifts of a small value.

EXAMPLE: If you are diagnosed with Periodontal Disease, we may tell you about products and other Services that may be of interest to you.

ANY OTHER USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose protected health information about you. If you sign a written authorization allowing us to disclose protected health information about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose protected health information about you after we receive your cancellation, except for disclosures, which were being processed, before we received your cancellation.

C. YOU HAVE SEVERAL RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.

1. You have the right to request restrictions on uses and disclosures of protected health information about you.

You have the right to request that we restrict the use and disclosure of protected health information about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this notice. You may request a restriction by sending a written request to one of the contact persons listed on the cover page of this notice.

2. You have the right to request different ways to communicate with you.

You have the right to request how and where we contact you about protected health information. For example, you may request that we contact you at your work address or phone number. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on you providing us with information regarding how payment, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by sending a written request to one of the contact person's listed on the cover page of this notice.

3. You have the right to see and copy protected health information about you.

You have the right to request to see and receive a copy of protected health information contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the protected health information, we may give you a summary or explanation of the protected health information about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of your protected health information by sending a written request to one of the contact person's listed on the cover page of this notice.

4. You have the right to request amendment of protected health information about you.

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received protected health information about you and who need the amendment. You may request amendment of your protected health information by sending a written request to one of the contact person's listed on the cover page of this notice.

5. You have the right to a listing of disclosures we have made

If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures of protected health information about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are not required to include disclosures:

- ☐ For your treatment
- ☐ For billing and collection of payment for your treatment
- ☐ For our health care operations
- ☐ Requested by you, that you authorized, or which are made to individuals involved in your care
- ☐ Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection 4 in the section above and
- ☐ As part of a limited set of information which does not contain certain information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by sending a written request to one of the contact person's listed on the cover page of this notice.

6. You have the right to a copy of this notice.

You have the right to request a paper copy of this notice at any time by contacting one of the contact person's listed on the cover page of this notice. We will provide a copy of this notice on or before April 14, 2003 or the first time you receive service from us (except for emergency services, and then we will provide the notice to you as soon as possible).

D. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the person listed below:
Thomas E. Boccia, DMD - P.O. Box 244 - Sturbridge, MA 01566 - 508-347-9336

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

E. EFFECTIVE DATE OF THIS NOTICE

This Notice of Privacy Practices is effective on April 14, 2003