

Meramec Dental Center

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used, disclosed, and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

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, our 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 (04/01/03), and will remain in effect until we replace it.

We reserve the right to change our privacy practices and terms of this notice at any time provided such changes are permitted by law. We reserve the right to make changes in our privacy practices and the new terms of our notice are effective for all health information 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 it available upon request. You may also request a copy of this 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.

Uses and disclosures of health information-We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

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

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

Healthcare operations: We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

You may authorize: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us written 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 give us written authorization, we cannot use or disclose your health information for any reason except as described in this notice.

To your family and friends: We must 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 other person to the extent necessary to help with your healthcare, but only if you agree to.

Persons involved in care: We may use or disclose health information to notify, or 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 use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination of using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest allowing a person to pick up filled prescription, medical supplies, x-rays, or other similar forms of health information.

Marketing health related services: We will not use or disclose your information for marketing communications without your written authorization.

As required by law: We may use or disclose your information when we are required to do so by law.

Abuse or neglect: We may use or disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or 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 and safety of others.

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

Appointment reminders: We may use or disclose your health information to provide you with appointment reminders such as voice messages, e-mails messages, postcards or letters.

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 you request unless we cannot practicably do so. (You must make the request in writing 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 will 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 at the end of this notice. If you request copies, we will charge you a \$25.00 for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge you a cost based fee for providing you health information in that format. If you prefer we will prepare a summary or explanation of your health information for a cost based fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.)

Disclosure accounting: 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, payment, healthcare operations and certain other activities, for the last six years, but not before 04/01/03. If you request this information more than once in a twelve month period, we may charge you a reasonable cost based fee for responding to these additional requests.

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

Alternative communications: You have the right to request that we communicate with you or about your health information by alternative means or to alternative locations. You must make this request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location by your request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic notice: If you receive this notice on our website or by electronic mail, you are entitled to receive this notice in written form

Questions and complaints: If you want more information about our privacy practices or have questions or concerns, please contact us. You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, with the Department of Health & Human Services, or with the Office of Civil Rights about possible violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you filing a complaint. We will provide you with the address to file your complaint with the U.S. Department of Health & Human Services upon request. You may complain to us using the contact information listed at the end of this notice.

We support your right to the privacy of your health information.

Contact information:

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