

Peter A. Russo, D.D.S., Inc.



Peter A. Russo, D.D.S., Inc.
Periodontics and Implant Surgery



Periodontic

NOTICE OF PRIVACY PRACTICES

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

PLEASE READ IT CAREFULLY

We provide this notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1995 (HIPAA)

* This **NOTICE OF PRIVACY PRACTICES** describes the privacy policies and procedures we adhere to and extends to all healthcare providers and dental office employees for:

PETER A. RUSSO, DDS
18800 MAIN ST., STE 201
HUNTINGTON BEACH, CA 92648 (714)842-2515

ABOUT YOUR PROTECTED HEALTH INFORMATION (PHI):

- PHI includes any individually identifiable health information transmitted or maintained by our office in any form or medium (electronically, on paper or orally).
- PHI is protected by law and provides penalties for healthcare providers that misuse or disclose it to unauthorized persons.
- Employment records maintained by a covered entity in its capacity as an employer are excluded from the definition of PH.

The protection of your PHI is something our dental office takes very seriously.

ABOUT THIS NOTICE OF PRIVACY PRACTICES: (NOTICE)

We are required by law to:

- Give you a copy of this **NOTICE** when you sign a **Patient Consent Form**.
- Post the **Notice** in a prominent place and on our Website, if we have one.
- Make the **Notice** available to patients upon request.
- Provide you with a “revised” **Notice**, if we make material changes to our **Notice** and will do so at your next office visit after the changes to the **Notice** have been made.
- Follow the policies and conditions of the **Notice** that is currently in effect.

We reserve the right to:

- Change our **Notice** at any time.
- Make revisions and changes to our **Notice** effective for PHI already in our system as well as for PHI we obtain from our patients in subsequent visits.



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ABOUT USES AND DISCLOSURES OF YOUR PHI:

We may use and disclose your PHI:

- For TREATMENT**: Means providing, coordinating, or managing healthcare and related services by one or more healthcare providers. For example, we may use PHI we receive from your previous dentist to help determine a treatment plan for your current care.
- For PAYMENT**: Means such activities as obtaining reimbursement for dental services, billing or collection activities, confirming insurance coverage. For example, we may use and disclose your PHI to obtain payment for dental treatment.
- For HEALTHCARE OPERATIONS**: Include the business aspects of running our practice, such as conducting quality assessment and improvement activities, employee training, auditing functions, cost-management analysis, and customer service. For example, we might hire a dental consultant to review our scheduling procedures. We may disclose PHI for treatment and payment activities of other covered entity or a health care provider, and for certain health care operations of another covered entity.
- When REQUIRED BY THE FEDERAL, STATE OR LOCAL LAW**: When requires by the U.S. Department of Health and Human Services as part of an investigation or determination of facilities compliance with relevant laws.
- TO YOUR FAMILY & FRIENDS: If you agree**, we may disclose your PHI to a family member, friend or another person to the extent necessary to help with your healthcare or with payment for your healthcare. For example, if another person was paying for your dental treatment, you might ask us to explain the treatment to that person.
- PERSONS INVOLVED IN YOUR CARE**: Unless you object, we may disclose to a member of the family, a close friend or any other person you identify, your PHI as it relates to the person's involvement in your healthcare. If you are unable to agree or object to disclose, we may disclose such information as necessary if we determine that is in your best interest based on our professional judgment. We may use or disclose your PHI to assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death.
- APPOINTMENT REMINDERS AND OTHER USES**: Your PHI may be used to remind you by phone, computer, or mail of a dental appointment. For example, we may leave a message containing PHI on your answering machine. Or, we may include PHI on recall cards sent to your home or mail you information regarding alternative dental treatment options or related services. We will send you recall notices.
 - MARKETING/SOCIAL MEDIA**: We will not disclose your PHI for marketing communications without written authorization. Our practice may not mention or discuss patient treatment or other information about patients on any social media outlet unless written authorized consent is provided by said patient and the privacy officer. Practice workforce may not engage with a patient's post on a third-part website unless authorized to do so by the privacy officer.
- EMERGENCY SITUATIONS**: To assist in disaster relief efforts or during a medical emergency.
- RESEARCH**: To researchers when their research has been approved by an institutional review board that has reviewed the research proposal and protocols to ensure the privacy of your PHI.
- PUBLIC HEALTH AGENCIES**: To report disease, injury, vital events and to conduct public health surveillance, investigation and or intervention. To a health oversight agency for oversight activities authorized by law including audits, investigations, inspections, licensure and/or accreditation or disciplinary actions, administrative and/or legal proceedings. To prevent or lessen a serious threat to the health or safety of another person or the public and as authorized by laws relating to workers' compensation or similar programs. To the coroner, medical examiner or funeral director, to an organ donations and procurement organization if you are a donor.

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LAWSUITS, DISPUTES, INVESTIGATIONS AND GOVERNMENT ACTIVITIES: We may disclose your PHI if required to do so by a court order, administrative order, subpoena or discovery request by you or another individual involved in the dispute and in the course of certain judicial or administrative proceedings and to federal officials for the intelligence and national security activities authorized by law.

LAW ENFORCEMENT: To law enforcement agencies or for specialized governmental functions. For example, for the identification of victims of a crime, to identify or locate a suspect, material witness, missing person, fugitive, or in response to a court order, warrant, summons or subpoena.

MILITARY: Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities to do so.

INMATES: If you are an inmate of a correctional institution and if the institution is going to provide care for you. Or, to protect the health and safety of the inmate or others or to protect the health and safety of the institution.

FOOD AND DRUG ADMINISTRATION: (FDA) Covered entities may disclose PHI, without authorization, to a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety or effectiveness of FDA-regulated products or activities such as collecting or reporting adverse events, dangerous products, and defects or problems with FDA-regulated products.

ANY OTHER USES: Will be made only with your written authorization.

ABOUT PATIENT RIGHTS:

As a patient **YOU** have the right to:

- Obtain a copy of this notice, even if you agreed to accept it electronically.
- Request that we communicate with you in a particular manner or at a certain location. For example, you may request we contact you only at home by phone and not by fax machine.
- Confidentiality.
 - Restrict how your PHI is used or disclosed and to whom we may disclose it.
 - Requests to restrict and limit PHI must be in writing;
 - We are not required to agree to your request.
 - We will** abide by the written consent form you sign and by local, state and federal law.

You have the right to:

- Request an "accounting of Disclosures of your PHI" for yourself or persons you have the legal guardianship over.
- Request Form available at front desk.

REQUESTS MUST BE IN WRITING AND INCLUDE:

- The form of disclosure is requested in. For Example, photocopies or disk.
- A time period (not more than six years back and not before April 14, 2003)
 - How you want to be contacted once the request is fulfilled.

WE MAY CHARGE A FEE FOR REQUESTS:

- A fee will be estimated and communicated to you prior to fulfilling your request.
 - You may accept or reject your request at that time.



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PATIENTS HAVE THE RIGHT TO PROVIDE AUTHORIZATION FOR OTHER USES AND DISCLOSURES:

Our practice will obtain your written authorization for uses and disclosures that are not identified by this **NOTICE OR PERMITTED BY APPLICABLE LAW**. For example, we may ask for authorization to use your name or other PHI in an advertisement about our practice.

You have the right to **revoke**, at any time and in writing, any authorization you provide us regarding the use and disclosure of your PHI.

After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

Please Note: We are required by law to retain records of your care.

PATIENTS HAVE THE RIGHT TO ACCESS, INSPECT AND/OR COPY PHI:

Including medical and billing records for themselves and persons under their custodial or legal guardianship (with proof of that legal relationship)

Information contained in a “designated record set”, medical billing and any other records that we use to help make decisions about your healthcare.

Access must be provided within five (5) working days of receipt of written request.

Photocopies must be provided within ten (10) working days of receipt of written request.

Under federal law you may not inspect or copy:

1. Psychotherapy notes;

2. information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding;

3. PHI that is subject to law that prohibits access to PHI.

In some circumstance, you have the right to have the decision to deny reviewed.

PHI may be requested in a format other than photocopies;

Requests must be in writing. (Ask for a Form at the front desk)

Or, make a request by letter addressed to HIPAA Coordinator at the address on the front of this NOTICE.

A cost-based fee may be charged for this service:

\$.20 per copy will be charged for photocopies;

Plus \$15.00 per hour for employee time to locate and duplicate data;

Plus postage, if you want your health information mailed to you.

Fees for this service are due at time of delivery of copies.

PHI requested in a format other than photocopies will be provided on a cost-based fee and a case-by-case basis. (Cost of tape, disk, etc., plus labor) For details see OCP.

We may, in limited circumstances, deny your request to inspect and copy.

You have the right to challenge our denial.

A patient challenge to denial will be presented to a dentist (or committee) other than the Dentist issuing the denial, for review. After a review, a finding and decision will be made. Our office will abide by the decision of the Dentist making the review.

Patients have the right to Request PHI be Amended:

If you believe your PHI is wrong or incomplete.

This right extends too you for the period of time our office maintains your PHI.

Request forms available at the front desk.

Requests to Amend PHI if:

A reason that supports why you believe the PHI is incorrect/incomplete



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- The date
- Your signature
- We may deny your request to Amend PHI if:**
 1. You fail to submit the Request in writing
 2. And/or fail to include a reason to support the request;
 3. If the information you asked to amend was not created by us, unless the person or entity that created the information is no longer available to make amendment;
 4. The information you requested is not part of your PHI kept by our office, or not information which you would be permitted to inspect and copy; or the PHI information is inaccurate and incomplete.

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ABOUT COMPLAINTS

Patients have the right to complain:

- If you feel that your privacy rights have been violated, you have the right to file a formal, written complaint with us at the address on the front of the NOTICE, or with the DHS, Office of Civil Rights.
- Complaints to us will be turned over immediately to our Privacy Officer, the owner of the dental practice.
- Complaints must be in writing.
- Complaints forms available at the front desk.
- All complaints shall be investigated thoroughly by our Privacy Officer.
- You may not be penalized for making a complaint.**

Address Complaints To:

Our Dental Practice
Attention: Privacy Officer
At address on the front of this NOTICE

And/or: DHS

U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave, S.W.
Washington, D.C. 20201
(877)696-6775 (toll-free)

Dear Patient,

Thank you for allowing us the privilege of providing your dental care. The security of your protected health information is an obligation and duty every member of our dental team takes very seriously. You have our pledge to be worthy of your trust.

Sincerely,

The Dental Team