

## **NOTICE OF PRIVACY PRACTICES**

### **McGann Family Dental**

**Patrick McGann**

*8981 33rd Street N.,*

*Lake Elmo, MN 55042*

*651-777-1337*

*FAX: 651-748-0480*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. The following describes how we protect your health information and what rights you have regarding it.

#### **NOTICE OF PRIVACY PRACTICES:**

You have the right to read our Notice of Privacy Practices (Notice) before you decide whether to sign our Consent form. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. We encouraged you to read the Notice carefully and completely before signing the Consent form.

#### **PURPOSE OF CONSENT:**

By signing the Consent form, you consent to our use and disclosure of your protected health information to carry out Treatment, Payment, Activities, Healthcare Operations, Subpoenas, Immunization information, Notice of Privacy Practices, Minnesota Healthcare Bill of Rights, Workers Compensation, Patient Access, Minors, Provider to Provider.

#### **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to our office or ever come to be, but such disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- Uses or disclosures for health related research;
- Uses and disclosures to prevent a serious threat to health or safety;
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- Disclosures of de-identified information;
- Disclosures relating to worker's compensation programs;
- Disclosures of a "limited data set" for research, public health, or health care operations;
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

**A RELEASE FORM FOR INDIVIDUALS INVOLVED IN CARE OF PATIENT:** must be authorized and signed if you wish any relevant information about your dental care shared with others. Power of Attorney, needs to be included.

**EMERGENCY CONTACT INFORMATION:** must be provided including a contact name and telephone. This will only be for a medical emergency situations. (Included with Patient registration information).

### **APPOINTMENT REMINDERS**

We may call or write to remind you of scheduled appointments, or to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your answering machine/cell phone or with someone who answers your phone, whether home or cell phone.

### **OTHER USES AND DISCLOSURES**

By signing our Consent form, you acknowledge you had the opportunity to read this Notice for McGann Family Dental.

The content of an "authorization form" is determined by federal law. You will need to send a written request, if you wish for your information to be disclosed to someone else. If you do not have a form, we will provide one, however, it will need to be signed by you for authorization. You have the right to revoke your Consent by giving us a written notice of your revocation. Please understand revocation of the Consent will not affect any action we took in reliance on Consent before we received your revocation, and that we may decline to treat you or to continue treating you if revoke the Consent form.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your health information. You can ask us to:

- Restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we will honor the restrictions.
- Communicate with you in a confidential way, such as phoning you at work, by mailing health information to a different address, or by using a preferred email. If reasonable, we may be reimbursed for any extra costs.
- See or have photocopies of your health information within 30 days of asking (or 60 days, if information is stored off-site) by law we can extend the 30 days, if we send written notice of extension. By law, there are a few limited situations in which we can refuse to permit access or copying. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available.
- Amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know received the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it with whenever we make a permitted disclosure of your health information.
- Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period, by request). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; your authorization; incidental; Required by law; and any others. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing.
- Get additional paper copies of this Notice of Privacy Practices upon request.

### **OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site.

**COMPLAINTS**

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or email shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

**FOR MORE INFORMATION**

If you want more information about our privacy practices or have any written requests, per any items in this Notice, please send to the following contact person:

**McGann Family Dental**  
**Dr. Patrick McGann, DDS, D11689**  
*8981 33rd Street N.,*  
*Lake Elmo, MN 55042*  
*651-777-1337*  
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