

# NOTICE OF PRIVACY PRACTICES

## FOR YOUR PROTECTION

This notice describes how your personal information may be used and disclosed, and how you can access to this information. Please review this notice carefully.

Woodbury Dental Care has always been committed to maintaining the security and confidentiality of the information we receive from our patients. Whether it's your medical information or identifiable information (such as your name, address, phone number or member identification number), we maintain careful safeguards to protect you against unauthorized access and use.

You should know that we are required by law to provide you this notice about our legal duties and privacy practices. We hope that this notice will clarify our responsibilities to you and provide you with a good understanding of your rights.

## PERMITTED HANDLING OF HEALTH INFORMATION

**Treatment.** This means providing, coordinating, or managing healthcare and related services by one or more treatment providers. An example of this would include teeth cleaning services.

**Payment.** This means any activity obtaining reimbursement for services, confirming coverage, and billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

**Healthcare Operations.** This is the business aspect of running our practice, such as conducting quality assessment and improvement activities, auditing functions and customer service. An example of this would be an internal quality assessment review.

We may contact you to provide appointment reminders or information about treatment or other health related services that may interest you.

## YOUR AUTHORIZATION

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions regarding your authorization.

## **YOUR RIGHTS**

Woodbury Dental Care would like you to know that beginning on April 14<sup>th</sup>, 2003; you have the additional rights regarding your personal health information. Your rights are as follows:

- The right to request restrictions on certain uses and disclosures of your protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.

## **FUTURE CHANGES**

Although we follow the privacy practices described in this notice, you should know that under certain circumstances these practices could change in the future. For example, if privacy laws change, we will change our practices to comply with the law. Should this occur:

- We will provide notice to you prior to making significant change in our privacy practices.
- The change will apply to all personal information we have in our possession, including any information created or received before we change the notice.

## **CONTACT INFORMATION**

If you think your privacy rights have been violated by us, or disagree with a decision we made about access to your personal health information, you may contact:

Kyle Edlund DDS  
3060B Woodbury Dr.  
Woodbury MN 55129

Or

The Dept. of Health & Human Services  
Office of Civil Rights  
200 Independence Ave SW  
Washington, DC 55125  
202-619-0257  
877-696-6775