



## Notice of Privacy Practices

MICHAEL T. HENRY, DDS, MS, PA

### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your protected health information (PHI). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect January 1, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all PHI that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy policy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of this Notice at any time. For more information about our privacy practices, please contact us using the information listed at the end of this Notice.

### USES AND DISCLOSURES OF PHI

We use and disclose PHI about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use and disclose your PHI to a physician or other health care provider providing treatment to you.

**Payment:** We may use and disclose your PHI to obtain payment for services we provide you.

**Healthcare Operations:** We may use and disclose your PHI 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.

**Your Authorization:** In addition to our use of PHI for treatment, payment or healthcare operations, you may give us written authorization to use your PHI or to disclose it to anyone or any purpose.

If you give us an authorization to use your PHI, you may revoke it in writing any time. Your revocation will not effect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your PHI to you, as described in the Patient Rights section of this Notice. We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we do so.

**Persons Involved in Care:** We may use and disclose PHI 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 PHI, 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 PHI based on a determination using our professional judgement disclosing only PHI that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI.

**Marketing Health-Related Services:** We will not use your PHI for marketing communications without your written authorization.

**Required by Law:** We may use and disclose your PHI when we are required to do so by law.

**Abuse or Neglect:** We may disclose your PHI 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 PHI to the extent necessary to avert a serious threat to your health and safety or the health or safety of others.

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

**Appointment Reminders:** We may use or disclose your PHI to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

### PATIENT RIGHTS

**Access:** You have the right to look at or get copies of your PHI, 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 a request in writing to obtain access to your PHI. 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.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-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 or use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your PHI by alternative means or alternative locations. (You must make your 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 you request.

**Amendment:** You have the right to request that we amend your PHI. (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 Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

### ADDENDUM TO NOTICE

**Healthcare Operations:** We will continue to use your PHI in some of these specific way: by calling you by your first and last name from our waiting room, by verbally describing your or your child's treatment progress, by posting daily schedules in areas throughout our office and on computers, by mailing you a reminder appointment card with the stated reason for your visit,

y calling to confirm appointments or to discuss billing issues  
nd leaving a message if necessary, by using photographs,  
odels or slides of study cases when authorized, by continuing  
o allow patients access to the front office area for use of the  
elephone or for scheduling and for a variety of reasonable daily  
ctivities wherein your PHI is required to be used.

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## **QUESTIONS AND COMPLAINTS**

f you want more information about our privacy practices or  
ave questions or concerns, please contact us.

f you are concerned that we may have violated your privacy  
ights, or you disagree with a decision we made about access to  
our PHI or in response to a request you made to amend or  
strict the use or disclosure of your PHI or to have us  
ommunicate with you by alternative means or at alternative  
ocations, you may complain to us using the contact information  
t the end of this Notice.

ou also may submit a written complaint to the US Department  
f Health and Human Services. We will provide you with the  
ddress to file your complaint with the US Department of Health  
nd Human Services upon request.

Ve support your right to the privacy of your PHI. We will not  
etaliatate in any way if you choose to file a complaint with us or  
ith the US Department of Health and Human Services.

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## **CONTACT INFORMATION**

lease address all inquiries, requests and complaints to:

ddress:  
HIPAA Privacy Officer  
05 Turnberry Way  
Pinehurst, NC 28374

E-Mail:  
mhenryortho@hotmail.com

hone:  
(910)692-7965  
(910)692-7977 fax



*MICHAEL T. HENRY, DDS, MS, PA*  
Orthodontics and  
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# *Office Privacy Policy*

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