

STATEMENT OF PRIVACY PRACTICES

MUKILTEO SMILES

This statement of privacy practices describes how dental information about you may be disclosed and how you can get access to this information. Please read carefully

Mukilteo Smiles collects and maintains a record of the health care services we provide you. In keeping with the Health Insurance Portability and Accountability Act (HIPAA), and the State of WA, we are dedicated to protect your rights of privacy and the confidential information entrusted to us.

The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice. We will not disclose your protected health information unless you direct or authorize us to do so or unless it is otherwise allowed or compelled by law. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

You may see your record or get more information about it at "Your Individual Rights about Patient Health Information" section of the Notice. You may request to review and copy your personal record and you may also request that we make corrections to the record.

OVERVIEW

Our Statement of Privacy Practices is currently in effect and provides information about the use and disclosure of protected health information by Mukilteo Smiles and our employees. It is applicable in all instances wherein individually identifiable health information is collected from you and services are provided for you. Our Statement:

1. Defines your rights and our obligations when using your health Information,
2. Informs you about laws that provide special protections,
3. Explains how your protected health information is used and how, under certain circumstances, it may be disclosed,
4. Tells you how changes in this statement will be made available to you.

In synopsis form, you have a right to:

1. Request restricted use of your health information. (Please understand that we may not agree to your request),
2. Request that we not disclose to your health plan of services for which you self-pay in full,
3. Request that we communicate with you by alternate methods,
4. Review and receive copies of your personal health record,
5. Request for amendments and/or changes be made to your record,
6. Request an accounting of disclosures of your health information,
7. File complaints related to failure to protect the privacy of your health information,
8. Direct us not to share information with your family members,
9. Request that you not be listed in/on our facility directory.

PROTECTED HEALTHCARE INFORMATION

It is important that you know not only that we limit requests for your personal information to that needed to provide quality health care, implement payment activities, and conduct normal health practice operations, but understand what "Protected Healthcare Information" is. This may include your name, address, telephone number(s), Social Security Number, employment data, dental history, health records, and/or any personal information that is unique to you.

While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

PROTECTING YOUR PERSONAL HEALTHCARE INFORMATION

We use and disclose the information we collect from you only as allowed by the HIPAA and the state of WA. This includes when it is used and disclosed to perform treatment, obtain payment, and conduct operational activities. Your personal health information will never be otherwise given to anyone – even family members – without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Our Statement of Privacy Practices applies to all personal health information collected or created by Mukilteo Smiles or received from outside healthcare providers. This information may identify you, relate to your past, present or future physical or mental condition, the care provided, or any reference to payment for your health care.

For example, protected health information includes symptoms, test results, diagnoses, health information from other providers, as well as billing and payment information relating to these services. This information is protected because it is often part of your health or dental record, which we can use as:

1. A method of communication among health professionals who contribute to your care,
2. A legal record describing the care you received,
3. A means by which you can verify that services billed were provided,
4. A tool to educate health professionals,
5. A source of data for dental research,
6. A source of information for public health officials,
7. A source of information for facility planning,
8. A tool to assess and improve the care we provide,
9. A method by which we can provide a better understanding of your record,
10. A method by which we can ensure your record's accuracy,
11. A system to assist you to more clearly understand the circumstances and conditions in and by which others may have access to your personal information.
12. A tool for us to make more informed decisions when authorizing disclosures to others.