

CASE DENTAL CARE, PLLC

Notice of Privacy Practices

Effective March 01, 2017

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (OR YOUR FAMILY MEMBER) MAY BE USED AND DISCLOSED BY CASE DENTAL CARE, PLLC AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE WORDS “YOU” AND “YOUR” IN THIS NOTICE REFERS TO YOU, TO ALL FAMILY MEMBERS, AND CUSTODIAL RELATIONSHIPS (E.G., CHILDREN, GUARDIANS).

Under the HIPAA Privacy regulations, Case Dental Care, PLLC and all similar health care providers are required by federal law to maintain the privacy of your protected health information (PHI) and will abide by the terms in the Privacy Notice.

This notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may call the office and request that a revised copy be sent to you in the mail, ask for one at the time of your next appointment, or access our website at www.casedentalcare.com.

1. Uses and Disclosures of Protected Health Information

The following categories describe different ways that we use and disclose medical and dental information, which do not require your written authorization. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways are permitted to use and disclose information will fall within one of the following categories:

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your health information will be disclosed to the Case Dental Care, PLLC's staff who participate in your care. We may disclose your health information to another physician or dentist for the purpose of a consultation. We may also disclose your health information to your dentist, dental specialist, or another healthcare provider to be sure those parties have all the information necessary to diagnose and treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to your medical or dental necessity, and undertaking utilization review activities. For example, obtaining approval for certain procedures may require that your relevant protected health information be disclosed to the health plan to obtain approval for the proposed treatment. With your permission, we may share your health information with pharmaceutical company patient assistance programs and patient support organizations in order to assist you in obtaining payment for your care or payment for certain parts of your care.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your providers' practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of dental students (to include dental assistants and other ancillary staff), licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to dental students (to include dental assistants and other ancillary staff educational programs) who see patients at our office. We may also call your by name in the waiting room when the provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Business Associates: We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription, accessibility, and translation services) for the practice. For example, we may use another company to perform dental billing services.

Whenever an arrangement between our office and a business associate involves the

use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. In addition, at the request of your other health care providers or health plan, we may disclose your protected health information to their authorized business associates for purposes of performing certain business functions or health care services on their behalf. For example, we may disclose your protected health information to a business associate of Medicaid for purposes of medical necessity review and audit

Appointment Reminders: We may use and disclose your protected health information to contact you as a reminder that you have an appointment with our office or to discuss treatment alternatives.

Health-related Benefits and Services: We may use and disclose your protected health information to inform you of health-related benefits or services that may be of interest to you.

Others Involved in Your Healthcare: If you agree to the use or disclosure and in certain other situations, we may make the following uses and disclosures of your health information. We may disclose to a family member, close personal friend, or anyone else whom you identify who is involved in your dental care or who helps pay for your care health information relevant to that person's involvement in your care or paying for your care. If you would like us to refrain from releasing your health information to a family member or friend, please notify the Privacy Officer at 423-821-9771. We may also make these disclosures after your death, unless doing so is inconsistent with any prior expressed preference made by you that is known to us.

We may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person responsible for your care regarding your general condition or death. We may also disclose your health information to disaster relief organizations so that your family or other persons responsible for your care can be notified about your condition, status and location.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object

We may use or disclose your protected health information in the following situations, to the extent permitted by applicable state and federal law, without your authorization.

These situations include:

Required By Law: We may use or disclose your protected health information for public health information to the extent that the use or disclosure is required by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. Other public health information activities in which we may disclose your health information include the following:

- To report births or deaths;
- To report child abuse or neglect;
- To report adverse events, product defects or problems;
- Activities related to the quality, safety or effectiveness of FDA-regulated products; and
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.

We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Data Breach Notification Purposes: We may disclose protected health information to provide legally required notices of unauthorized access to or disclosure of your health information. We will notify you in writing if we discover a breach of your unsecured health information, unless we determine that notification is not required by applicable law. You will be notified without unreasonable delay. Such notification will include information about what happened and what has been done or can be done to mitigate any harm to you as a result of such breach.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In

addition, we may disclose your protected health information if we believe that your child has been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, that disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose your health information in response to a court or administrative order. We may also release your health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested, and only if authorized by applicable state and federal law.

Law Enforcement: We may also disclose protected health information, within limitations, and only when authorized by state and federal law, so long as applicable legal requirements are met, for law enforcement purposes.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Criminal Activity/Serious Threat to Health or Safety: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual, as authorized by applicable state and federal law.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for the activities deemed necessary by appropriate military command authorities; (2) for the purpose of determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally

authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs that provide benefits for work-related injuries or illness.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your provider created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500et.seq.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your provider or the practice (Case Dental Care, PLLC) has taken an action in reliance on the use or disclosure indicated in the initial authorization.

Marketing: Your written authorization is required for us to use or disclose your medical information for marketing purposes, except if we communicate personally with you face-to-face or if we provide you with prescription refill reminders or otherwise communicate with you about a drug or biologic that you are currently prescribed and we do not in exchange receive any payment that is unreasonable related to our cost of making such communication to you. It is not considered marketing, and therefore your written authorization is not required, if we communicate with you related to your treatment, case management, or care coordination, or if we direct or recommend alternative treatment, therapies, healthcare providers or settings of care, unless we receive payment from a third-party in exchange for making such communication to you. If marketing activities are to result in payment to us from a third-party we will state this on our authorization.

Sale of Medical Information: Your written authorization is required for any use or disclosure which is considered a sale of your medical information. Any authorization for

the sale of medical information will state that the disclosure will result in payment to us.

Psychotherapy Notes: We usually do not maintain psychotherapy notes about you. If we do, we will only use and disclose them with your written authorization except in limited situations.

HIV-Related Information: We will not disclose your HIV-related information without your written authorization.

Genetic Information: We will not disclose your genetic information without your written authorization.

Substance Abuse Information: We will not disclose your alcohol and other drug abuse information without your written authorization.

Mental Health Information: We will not disclose any of your information relating to mental health treatment without your written authorization.

If you authorize us to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information as specified by the revoked authorization, except to the extent that we have taken action in reliance on your authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object:

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation.

Communication Barriers: We may use and disclose your protected health information if your provider or another provider in the practice attempts to obtain consent from you

but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment that you intend to consent to use or disclosure under the circumstances.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and obtain a copy of your protected health information (“PHI”). This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information, except in limited circumstances. To inspect and copy your health information, you must make your request in writing. You may request access to your health information in a certain electronic form and format and access may be granted in that requested form and format if it is readily producible, or, if not readily producible, in a mutually agreeable form and format. Further, you may request in writing that we transmit a copy of your health information to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy. If you request a copy of your dental information, we may charge a cost-based fee for the labor, supplies, and postage required to meet your request. We may deny your request to inspect and copy in certain very limited circumstances. Under state and federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed by a licensed health care professional chosen by us. Please Contact our Manager of Dental Records Department if you have any questions about access to your dental record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice or Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply.

In most circumstances, your provider is not required to agree to a restriction that you may request. If the provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your provider does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your provider. You may request a restriction by writing to one of our managers.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to one of our managers.

You may have the right to have your provider amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact one of our managers to determine if you have questions about amending your dental report.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. Your request must state a time period which may not be longer than six years, and which may not include dates before January 01, 2006. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to request a specific item or service not be disclosed to a health plan

for purposes of payment or health care operations. If you have paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations. Case Dental Care, PLLC may not use or disclose your PHI in violation of that restriction unless it is necessary for treatment purposes or in the event the disclosure is required by law.

You have the right to request an electronic copy of your electronic medical record. This means you may request an electronic copy of your electronic medical record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you requested, your record will be provided in a readable hard copy form. We may charge you a reasonable fee for the labor associated with transmitting the electronic medical record.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you or penalize you for filing a complaint.

You may contact our Privacy Officer, Timothy S. Case, D.M.D., Health Information Manager at (423)821-9771 or casedentalcare@bellsouth.net for further information about the complaint process.

Changes to this Notice

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. We will post a copy of the current Notice in all Waiting Areas. Each version of the Notice will have an effective date listed on the first page. Updates to this Notice are also available at our website <http://www.casedentalcare.com>