

Sunshine Dental Care
28755 Dequindre Rd.
Madison Height, MI, 48071
Tel: 248-399-4011
Text Message: 248-270-5988



NOTICE OF HIPAA PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect (11/1/2021), 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 health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Privacy Notice at any time. For questions about our privacy practices, or for additional copies of this Notice, please contact us in writing using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

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

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. We may also disclose your health information to a pharmacy or dental laboratory as needed to provide for your care.

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

Healthcare Operations: We may use and disclose your health information 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.

Because you are receiving care in the Sunshine Dental Care, your information will be used specifically for the training of dentists, dental hygienists and dental specialists, including the release of information as necessary for the American Dental Association Commission on Dental Accreditation.

We will also use or disclose your health information for the following purposes:

- To remind you of an appointment through the method you choose

- To inform you of health-related services that may interest you.

- To inform you of new treatment alternatives that may be of interest to you.

- To inform you of the opportunity to participate in special programs sponsored by the Sunshine Dental Care.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect 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 health information for any reason except those types of reasons as described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare. We will presume that you have given us consent to make such disclosures to individuals living in the same household or individuals you have listed on your registration form.

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Persons Involved In Care: We may use or disclose health information 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. Under emergency circumstances, we may use this information in an attempt to notify family members. If you are present, then prior to use or disclosure of your health information, 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 health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment 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 health information.

Marketing Health-Related Services: We will not transmit your health information to a third party for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

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

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

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, text messages, email messages, postcards, or letters). You have the right at any time to inform us you do not want appointment reminder messages via any specific method.

For Research Purposes: We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols.

In the Event of Serious Threat to Health or Safety: We may, consistent with applicable law and ethical standards of conduct, use or disclose your health information, when such use or disclosure is necessary to prevent or lessen a serious or imminent threat to your health or safety or to the health and safety of the public.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information for as long as we maintain such information, with limited exceptions. (You must make a request in writing to obtain access to your health information.

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. If you request copies, we will charge you no more than \$35 for the copies and staff time to locate and copy your health information, and postage if you want the copies mailed to you.

Disclosure Accounting: You have the right to receive a list of instances in which the Sunshine Dental Care or our business associates disclosed your health information for purposes, *other than treatment, payment, healthcare operations and certain other activities*.

The request must be made in writing, and must specify the time period for which you are requesting an accounting of these types of disclosures. The period of time may not exceed six years. 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 our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Your request must be made in writing.

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Your right to request certain methods of communication: You have the right to request that we communicate with you about your health information by alternative means or to 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. For example, you may request that we only contact you at work, or only by mail.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing,

and it must explain why the information should be amended.) We may deny your request under certain circumstances. All requests must be mailed in writing to the attention of the Privacy Officer.

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.

QUESTIONS AND COMPLAINTS

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

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint.

Contact Person: The Sunshine Dental Care's contact person for an issue regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. Information regarding matters covered by this notice can be requested by contacting the Privacy Officer in Writing. Complaints against the Sunshine Dental Care regarding its privacy practices can be mailed to the privacy officer by sending it to :

I have received a copy of the Sunshine Dental Care's Notice of Privacy Practices.

REQUIRED SIGNATURES:

Patient

Witness

For Office Use Only - Use Only if Signature Refused

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because: