Notice of Privacy Practices

# Westminster Family Dentistry, LLC

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review the information below carefully. This notice is effective as of May 30, 2013. We respect our legal obligation to keep health information that identifies you private. We are obligate by law to give you notice of our privacy practices. This Notice describes how we protect

your health information and what rights you have regarding it.

# TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reasons why we use or disclose your health information is for treatment, payment, or health care operations:

* Treatment – Examples of how we use or disclose information for treatment purposed
* Payment – Examples of how we use or disclose you health information for payment
* Health Care Operations
	+ mean those administrative and managerial functions that we are: Setting up an appointment for you; examinations, therapeutic exercises, performing modalities, referring you to another doctor or clinic (consultations and referrals to other doctors); getting copies of your health information from another professional that you may have seen before us; any x-rays or MRI copies we may need to have sent to us.
	+ purposes are: Asking you about your health care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency) do to run our office.
	+ Examples of how we use or disclose your health information for health care operations are: Financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we will not ask you for special written permission.

# USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the lawallows or requires us to use or disclose your health information without your permission. Not all of theses situations will apply to us and some may never come up in our office. Such uses and disclosures are:

• When a state of federal law mandates that certain health information be reported for a

• For public health purposes, such as contagious disease reporting, investigation or

• Disclosures to governmental authorities about victims of suspected abuse, neglect, or

• Uses and disclosure for health oversight activities, such as for licensing of doctors;

• Disclosures for judicial and administrative proceedings, such as in response to

• Disclosures for law enforcement purposes, such as to provide information about

• Disclosure to a medical examiner to identify a dead person or to determine the cause specific purpose; surveillance; and notices to and from the Federal Drug Administration regarding drugs or medical devices; domestic violence; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws; subpoenas or orders of courts or administrative agencies; someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else,of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;

• Uses or disclosures for health related research;

• Uses or disclosures to prevent a serious threat to health or safety;

• Uses or disclosure for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;

• Disclosures of de-identified information

• Uses or disclosure relating to worker’s compensation programs

• Uses or disclosures of a “limited data set” for research, public health, or health care

• Incidental disclosure that are an unavoidable by-product or permitted uses or

• Disclosure to “business associates” who perform health care operations for us and operations; disclosures;who commit to respect the privacy of your health information such as an accountant, attorney, management consulting group

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your health care.

# APPOINTMENT REMINDERS

We may call or email to remind you of scheduled appointments or to remind you it is time to make a routine appointment. We may also call or email to notify you of other treatments or services available at our office that might help you. UNLESS YOU TELL US OTHERWISE, we will remind you of your appointment by emailing you, using a reminder card or leaving you a reminder message on your cellular/home answering machine or with someone who answers your phone if you are not home.

# OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health care information unless you sign a written “authorization form.” Federal law determines the content to f an “authorization form”. Sometimes, we may initiate the authorization process. For example, we may wish to retrieve your records from another doctor’s office to help us with you health care. Sometimes, you may wish to initiate the process if you would like us to send your information to someone else. For example, you are relocating and/or changing health care providers and you want your information sent to your current doctor. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the disclosure. IF you do sign, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

# YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

• Ask us to restrict our uses or disclosures for purposes of treatment (except emergency

• Ask us to communicate with you in a confidential way, such as by phoning you at work

• Ask us to see or to get photocopies of your health information.

We do not have to agree to do this, but if we agree, we must honor the restrictions you have requested. To ask for a restriction, send a written request to the office contact person at the address or fax shown at the beginning of the Notice rather than at home, by mailing health information to a different address, or by using E-mail to your personal address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost we may encounter by honoring your special request.

If you want to ask for confidential communications, send a written request to the office contact person at the address or fax shown at the beginning of this Notice limited situations in which we can refuse to permit access or copying. In most cases, you will be able to review or have a copy of your health information within sixty days of your request. We will send the corrected information to persons who we know got the wrong information and others that you specify. If we do not agree, you can write a statement of your position and we will include it with your health information, along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it whenever we make a permitted disclosure of your health information.

By law, we can have one thirty-day extension of time to consider a request for amendment if we notify you in writing of

• Receive a list of the disclosures that we have made of your health information within

• Obtain additional paper copies of the Notice of Privacy Practices If you want the extension.

If you want to ask us to amend your health information, send a written request to the office contact person at the address or fax shown at the beginning of the Notice. the past six years (or a shorter period of time). According to law, the list will NOT include: disclosures for purposes of treatment, payment, or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within sixty days of receiving it, but by law we can have one thirty day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address or fax shown at the beginning of the Notice. additional paper copies, send a written request to the office contact person at the address or fax shown at the beginning of the Notice.

CRISP
We participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). According to federal law, patients cannot opt-out of the Prescription Drug Monitoring Program (PDMP) data portion of CRISP. It is our office policy, and we are required by state law to access this data through the secure online portal before any prescription is given for medications with a higher abuse potential (such as narcotics/benzodiazepines, etc). If there appears to be a history of potential abuse or misleading information given by the patient regarding their history with these medications, Westminster Family Dentistry reserves the right to refuse to prescribe these medications to a patient until it can be verified that abuse is not taking place.

# OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of the Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have, as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and have copies available in our office.

# COMPLAINTS

If you think we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written request to the office Contact person at the address or fax shown at the beginning of the Notice. If you prefer, you can discuss your complaint in person or by phone with our office directly.

# FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of the Notice.