

Privacy Notice To Patients

This notice describes how medical/dental information about you may be used and disclosed by Hudson Family Dental and how you can get access to this information. Please read it carefully. **For all purposes, the term "you" or "your" in our Privacy Notice refers to you and any minor under your care/guardianship.**

Effective Date: August 31, 2011

Under the HIPAA Privacy regulations, Hudson Family Dental 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 this Privacy Notice.

Please be advised the Hudson Family Dental may use your PHI in rendering treatment to you. For example, we are permitted to use your PHI in providing you with care/treatment when you visit our office. Under federal law, we may disclose our PHI to you or we can disclose your PHI to third parties for treatment. For example, if we refer you to a specialist we will forward your medical information to such specialist. We can disclose your PHI for payment purposes. For example, we will disclose your PHI to your insurance provider, employer, or other party responsible for providing you with health/dental insurance coverage. We will also use or disclose your PHI for health care operations. For example, we may use your PHI when we engage in quality assurance and medical chart reviews, which are part of our health care operations. We may also disclose your PHI, when required by the Secretary of The US Department of Health & Human Services.

Unless disclosure is required under federal, state law, or certain other exceptions, including law enforcement, we are prohibited from disclosing your PHI without your authorization. Our practice may use or disclose your PHI in accordance with the specific requirement of the HIPAA rules without Hudson Family Dental needing to obtain your authorization if the information is:

1. Required by law
 2. Required for public health purposes
 3. Required disclosures about victims of abuse, neglect, or domestic violence
 4. Required by a health oversight agency for oversight activities authorized by law
 5. Required in the course of any judicial or administrative proceeding
 6. Required by a coroner or medical examiner
 7. Required for a law enforcement purpose to a law enforcement official
 8. Required by an organ procurement organization for research
 9. If disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- Additionally, if you are a member of the armed forces, we are permitted to disclose your PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate mission.

We may also contact you via mail, phone, or e-mail to remind you of appointments with our office or to discuss treatment alternatives.

In the event our practice wishes to disclose you PHI to another entity for reasons other than treatment, payment, practice operations, or those referenced above, we are required to obtain your authorization. For example, if we desired to participate in an outside research study, we would need your written authorization prior to releasing your PHI. If you provide us with an authorization, you have the ability to revoke such authorization at any time by sending Hudson Family Dental a written revocation. However, if we have already released such information pursuant to your prior authorization, the revocation will be effective for all future disclosures.

Please be further advised that you have the ability to access, copy, inspect, and amend your medical information that we maintain. You may be subjected to a fee for copy costs for staff involvement. Additionally, if you desire, we can provide you with an accounting of all disclosures for treatment, payment, or healthcare operations and pursuant to authorization.

If you have a dispute with our practice regarding our use of your PHI or a disclosure by Hudson Family Dental and believe that your primary rights have been violated, please contact our office to file a dispute. You may alternatively contact the Secretary of Health and Human Services.

Lastly, please be advised that you have the right to request restrictions on certain use and disclosures of your PHI to carry out treatment, payment or healthcare operations or disclosures by Hudson Family Dental of your PHI to a family member, relative, or a close personal friend. However, we are not required by federal law to agree to your requested restriction. If you request a copy of your PHI, you also have the ability to request that we send it to an alternative location (different address). Hudson Family Dental reserves the right to amend this notice as revised. Notices will be posted and available to print on our website and at our office on request.

Please sign below acknowledging receipt of Hudson Family Dental's Privacy Notice. Thank you.

Signature _____ Date _____

Names of children in family: _____