



## HIPAA PRIVACY POLICIES & PROCEDURES

Our dental office recognizes our obligation to protect the privacy of health information that we create, receive, maintain, or transmit. We must not use or disclose protected health information except as permitted by these Policies and Procedures

We will make a good faith effort to obtain a written Acknowledgement of Receipt of our Notice of Privacy Practices as well as Consent for Use and Disclosure of Health Information Form from a patient prior to treatment, obtaining payment for that treatment, or for our routine operations. Our use or disclosure of PHI for reimbursement of services and healthcare operations may be subject to the minimum necessary requirements. Our dental office will become familiar with Virginia privacy laws. We will ask our patients to sign a Consent for Treatment form prior to treatment unless an emergency situation or communication barriers precludes us from doing so. We will keep the signed Consent for Treatment form, the Acknowledgement of Receipt of our Notice of Privacy Practices form, and the Consent for Use and Disclosure of Health Information in the patient chart. If a patient wants to revoke the consent, he may do so by giving us written notice. This will also be kept in the patient's chart.

### **Authorization:**

We must have written Authorization from the patient (or his personal representative) before we use or disclose a patient's PHI for any purpose beside TPO. We routinely use the Authorization Form and act in accordance with it. A patient may revoke this Authorization at any time by written order. Our practice may use professional judgment and our experience with common practice to make reasonable inferences of the patient's best interest in allowing a person to act on behalf of the patient when picking up dental/medical supplies, x-rays, records, or other forms of PHI.

Our office may use or disclose a patient's PHI in certain situations without Authorization or Oral Agreement.

These instances include:

- a. Public health activities.
- b. For health oversight agencies.
- c. To coroners, medical examiners, and funeral directors.
- d. To employers regarding worker's compensation illness or injuries
- e. To the military.
- f. To federal officials as needed for intelligence, counterintelligence or National security.
- g. To correctional facilities regarding inmates.
- h. In Response to subpoenas/other judicial processes
- i. To law enforcement officials
- j. To report abuse, neglect, or domestic violence
- k. If required by law
- l. As part of research projects

m. To the US Department of Health & Human Services on request for Complaint investigations or concerns about our compliance

We will always document the disclosure of PHI on our Disclosure Log. We will also ensure that the officials to whom we are releasing the information have appropriate identification such as government issued ID badges, driver's licenses, etc. We will not release PHI to a personal representative if we have reason to believe it may endanger the patient or expose them to further abuse. We will not disclose PHI to a third party for their marketing purposes. We will disclose PHI to a patient or to his personal representative to the extent that the patient has a right of access to it. We will disclose only the minimum necessary to accomplish the request. However, this is not necessary within our practice or when requested by another healthcare provider providing our patient treatment. If there is a non-routine request for disclosure of PHI, no release will be made until reviewed by the Privacy Officer to ensure that only the minimum necessary information will be disclosed. Our office will not disclose, or request an entire record of a patient unless a specific situation requires us to do so.

**Business Associates:** Our dental office will obtain Business Agreements as specified by the federal government after April 1, 2003 that will indicate their responsibility for our patient's PHI. This agreement will outline how they may disclose PHI and safeguard this information. If we discover that they have violated the Privacy provisions of this Agreement, we will take immediate steps to make sure the violations stop or it will become necessary to terminate the contract with that Associate. If it is not feasible to terminate the contract, we will notify the US Department of HHS.

**Amending Patient Records:** Patients now have the right to request amendments to their PHI and other records as long as our office keeps patient records. We may deny the request to amend the records if we did not create the information (unless the patient has a reasonable basis to believe the originator of the original data is not available on a request to amend, if the information is accurate and complete as written, or if we do not have the information. By amending the record, we will not physically delete or change existing information on a chart. We will amend the record by noting the change on the next line of entry on the patient chart and date it. We notify our Business Associates who may need this information of the amendment. We will also contact other entities or individuals who may have received information from us who may have acted upon the information in a manner, which is detrimental to the patient. If we deny the request for amendment, we will mark any future disclosures of the contested information in a way that acknowledges the contest. Patients also have a right to review to whom we made disclosures of their PHI if for other reasons than treatment, payment, or healthcare operations for the previous six years, but not before April 14, 2003. Each entry of disclosure will be noted in the patient chart with the following information: date of disclosure, to whom including names and address, for what purpose. We are not legally required to record disclosures when done to the patient representative, for anything related to treatment, payment, or operations, for any legal, law enforcement, governmental purpose, or in response to a patient's Authorization. If requested to do so by a governmental agency, we will temporarily suspend the accounting of disclosures. We will charge a fee for any accounting requested that is more frequent than one per year. The patient must be informed of this fee before the accounting is provided. We will also contact our Business Associates to assure we include in the accounting any disclosures made by them for which we must account. Patients may request that we restrict our use of their PHI including for reasons of treatment, payment, or healthcare operations.

We have no obligation to honor that request, but if we tell the patient that we will, we must honor that request unless precluded by a medical emergency. If honored, we must notify our Business Associates that may be involved of the patient request. This will be documented in the patient chart as well. Patients have the right to request that we contact them via an alternate means or locations when discussing PHI. We will accommodate the patient request if it is reasonable and done in writing. If we comply with the request, we will also notify our Business Associates of the agreement and give them the alternate information.

**Staff Training and Management:** We will be training our staff regarding our Privacy Policies and Procedures so they may carry out their duties appropriately. This will be done prior to April 14, 2003. After that date, new staff members will be trained within a reasonable time after the person begins employment. If there is a material change in our practices, we will retrain all staff members within a reasonable time after that change. We will ask all staff members to sign the Staff Review of Policies and Procedures Form to document their training and receipt of this Policy. If a staff member violates our Privacy Policies or other federal or state laws, he/she will be subject to disciplinary action, up to and including suspension without pay or termination of employment.

**Complaints:** The Complaint Form will be given to a patient who believes his privacy rights have been violated. We will investigate all complaints and attempt to resolve said complaints. Each complaint will be given to the Privacy Officer immediately for resolution. We are required to not retaliate against any patient who in good faith has lodged a complaint.

**Safeguards:** Our dental practice will honor these Privacy Policies and Procedures within our daily operations by taking reasonable steps to ensure that incidental uses and disclosures of PHI will be avoided. While it is impossible in the practice environment to completely limit the possibility of overheard conversations among staff regarding patients, we will not use any information such as patient's full name that may identify a patient. We will be discreet when asking for payment, calling in patient's prescriptions, discussion of treatment options in areas where it may be overheard by using low voices. Employees will be given computer passwords and will be limited to computer access to the information necessary for them to carry out his/her duties. These Policies and Procedures are effective August 10, 2015 and may only be changed by the owner of the practice, Dr. Emily Harding. We recognize that we must comply with all Virginia laws that have jurisdiction over our practice. We also recognize that we must give the US Department of Health and Human Services access to our facilities, records, charts, accounts, etc. that includes individually identifiable PHI without patient authorization or notice during normal business hours. We will cooperate with any compliance review or complaint investigated by HHS, while preserving the rights of our practice.



Ivy Dental  
2120 Ivy Rd., Suite C  
Charlottesville, VA 22903  
434-270-0304

I acknowledge that I have received a copy of this Dental Practice's **HIPAA Notice of Privacy Practices**.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Signature of Personal Representative

Authority of Personal Representative to Sign for Patient (check one):

Parent     Guardian     Power of Attorney     Other: \_\_\_\_\_

**Please Note: It is your right to refuse to sign this Acknowledgement.**