
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU OR YOUR FAMILY MEMBERS MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DISCLOSURE 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 April 14, 2003, 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. Whenever we make any changes to our privacy practices, we will change this Notice and make the new Notice available to you in our office.

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

USES AND DISCLOSURES OF OUR PATIENT'S HEALTH INFORMATION

Our dentists and staff members use and disclose health information about you or your family members for treatment, payment, and our healthcare operations. For example and not limited to the following:

Your Treatment: We may use or disclose your health information (or that of your family members) to physicians, other general dentists, dental specialists, or other healthcare professionals currently providing or anticipated to provide treatment to you or your family members.

Payment For Your Services: We may use and disclose your health information (or that of your family members) to both primary and secondary insurance companies that you may be insured by, other third party private and public payers, or other family members to obtain payment for services we provide to you or your family members.

Healthcare Operations: We may use and disclose your health information (or that of your family members) in connection with our healthcare operations. Healthcare operations include internal quality assessment, training, or improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner or provider performance, accreditation, certification, and licensing or credentialing activities.

Your Authorization: In addition to our use of your health information (or that of your family members) for treatment, payment, or healthcare operations, you may give us written authorization to use such health information or to disclose it for purposes beyond the scope of this Notice. If you do give us a written 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 any such written authorization, we will not use or disclose such health information for any reason except as described in this Notice.

Your Family and Friends: We are required to disclose your health information (or your family members) to you as described in the Patient Rights section of this Notice. Under limited circumstances we may disclose your health information (or that of your family members) to other family members, friends, or other persons to the extent that we deem it to be necessary for us to provide healthcare services or to obtain payment thereof for you or your family members unless we specifically receive written restrictions from you to the contrary.

Persons Involved In Care: We may use or disclose your health information (or that of your family members) to notify, assist in the notification of (including identifying or locating) a family member, a personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present or provide a written notice, then you have the right to object to such uses or disclosures. In the event of your incapacity (or your family members) or during emergency circumstances, we may disclose health information to another person based on our judgment that disclosing such health information to others appears appropriate in providing for your healthcare. We will also use our judgment in allowing another person to pick up filled prescriptions, medical supplies, x-rays, duplications of written or electronic records, or other forms of health information relating to you or your family members.

Marketing Health-Related Services: We will not use your health information (or that of your family members) for marketing communications without your prior written authorization.

Required by Law and Suspected Abuse or Neglect: We may use or disclose your health information (or that of your family members) when we are required to do so by law. As mandatory reporters, this specifically includes disclosure of your health information (or that of your family members) to appropriate authorities if we believe that you or your family members are possible victims of abuse, neglect, or domestic violence or the possible victims of other crimes. We may also disclose your health information (or that of your family members) to the extent we believe it is necessary to avert a serious health or safety threat to you, your family members, or others, whether or not required by law.

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 (or that of your family members) through public and private communication means to deliver appointment reminders such as telephone calls, voicemail messages, email, postcards, or letters.

PATIENT RIGHTS

Access: You have the right to look at or obtain photocopies, duplicates of x-rays, or computer printouts of health information of yours (or your family members) with limitations. You may make such request in person, by email, by telephone, by telefax, or in writing, provided that we reserve the right to first require you to complete and sign our internal forms documenting your request along with verification of your identification. You may request that we provide this information in an alternative format; we will attempt to use such alternative format unless we do not possess the capacity for producing that format. If you prefer, we will prepare a narrative summary or written explanation of your healthcare information. We may charge you a fee for access-related expenses, such as production of duplicate records, doctor's time in preparation of such information, and staff time.

Disclosure Accounting: You have the right to examine healthcare information of yours (or your family members) to determine the instances in which we disclosed such health information for purposes other than for treatment, payment, healthcare operations, or certain other activities, but only for the past 6 years. We may charge you a fee for related expenses, such as production of duplicate records, doctor's time in preparation of such information, and staff time.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of health information of yours (or your family members). We are not required to agree to these additional restrictions, but we will attempt to abide by your request (except in an emergency) if it is clear and can be reasonably implemented without interfering with our operations.

Alternative Communications: You have the right to request that we communicate with you about your health information (or your family members) by alternative means or to alternative locations. Your request must specify the alternative means or location, and provide a satisfactory explanation of how payments will be handled under the alternative means or location requested. We are not required to agree with your request, but we will attempt to abide by your request if it is clear and can be reasonably implemented without interfering with our operations.

Amendment Of Health information: You have the right to request that we amend health information of yours or that of your family members. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances, especially if we conclude that such request is unreasonable, inappropriate, or inaccurate based upon our judgment.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are also entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

Contacting Us: If you or your family members want more information about our privacy practices or have any questions or concerns, please contact our Privacy Contact Officer by calling (541) 607-7800 or writing to 1800 Valley River Drive, Eugene, OR 97401. We support your right to privacy of your health information and that of your family members.

Filing A Complaint: 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 in the paragraph immediately above. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the mailing address to file your complaint with the U.S. Department of Health and Human Services upon our receipt of your request.