

CD Virginia Dental, P.C. dba Konikoff Family Dentistry
NOTICE OF 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.**

We are committed to protecting the confidentiality of your health information, and are required by law to do so. This notice describes how we may use your health information within Konikoff Family Dentistry and how we may disclose it to others. This notice also describes the rights you have concerning your own health information. We must follow the obligations described in this notice and give you a copy of it. Please review this notice carefully and let us know if you have questions.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We are allowed or required to use or disclose health information about you for certain purposes without your authorization. Certain uses and disclosures of your health information, however, require your authorization. The following are ways in which we may use or share your health information:

Treatment. We may use your health information to provide you with dental/medical treatment or services. We may also disclose your health information to others who need that information to treat you, such as dentists, hygienists, specialists or other providers or facilities involved in your care. We may use and disclose your health information to contact you to provide treatment-related services, such as treatment options or alternatives or to tell you about other health-related benefits and services that may be of interest to you.

Payment. We may use and disclose your health information to insurers and health plans to get paid for the treatment and services we provide to you. For example, your health plan or health insurance company may ask to see parts of your health information before they will pay us for your treatment.

Health Care Operations. We may use and share your health information to run our organization, improve your care, and contact you when necessary.

Family Members and Others Involved in Your Care. Unless you object, we may disclose your health information to a family member or close friend who is involved in your healthcare, or to someone who helps to pay for your care. If a person has legal authority to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Business Associates. We may disclose your health information to our third-party service providers (“**Business Associates**”) that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our Business Associate are obligated, under contract with us, to appropriately safeguard health information about you and are not allowed to use or disclose any information other than as specified in our contract.

OTHER USES AND DISCLOSURES

Required by Law. Federal, state, or local laws sometimes require us to disclose patients’ health information. For instance, we are required to disclose patient health information to the U.S. Department of Health and Human Services so that it can investigate complaints or determine our compliance with

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federal laws governing the privacy of health information. We also are required to give information to Workers' Compensation Programs for work-related injuries.

Public Health Activities. We may report certain health information for public health purposes. For instance, we may need to report adverse reactions to medications or medical products to the U.S. Food and Drug Administration.

Public Safety. We may disclose health information for public safety purposes in limited circumstances. We may disclose health information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose health information for other law enforcement purposes as permitted by law.

Health Oversight Activities. We may disclose health information to a government agency that oversees our company or its personnel to allow the agency to provide appropriate oversight of the health care system, government benefit programs, and civil rights laws.

Coroners, Medical Examiners, and Funeral Directors. We may disclose information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

Military, Veterans, National Security and Other Government Purposes. If you are a member of the armed forces, we may release your health information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose health information to federal officers for intelligence and national security purposes or for presidential protective services.

Judicial Proceedings. We may disclose health information if ordered to do so by a court or if a subpoena or search warrant is served. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your health information.

Marketing/Sale of Information. We will never sell your information or share your information for marketing purposes unless you give us written permission. If we contact you for any fundraising efforts, you can ask that we not contact you again.

Psychotherapy Notes. We will obtain your prior authorization for most uses and disclosures of psychotherapy notes, except for those uses and disclosures expressly permitted under law.

Your Written Authorization for Any Other Use or Disclosure of Your Health Information. Your authorization is required if we wish to use or disclose your health information for a purpose that is not discussed in this notice, or is otherwise permitted or required by law. You may revoke such an authorization at any time, unless we have already relied on your authorization to use or disclose information. If you would ever like to revoke your authorization, please notify us in writing.

Restrictions on Disclosure of PHI to Health Plan. At your request, we will not disclose your information to your health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full.

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WHAT ARE YOUR RIGHTS?

Right to Request Your Health Information. You have the right to look at your own health information and to get a copy of that information, unless the information is otherwise restricted by law. This includes your health record, your billing record, and other records we use to make decisions about your care. To request your health information, call or write to the Privacy Officer at the address below

If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. A fee may be charged for the expense of fulfilling your request. We will tell you in advance what these charges will be.

We may deny your request in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.

Right to Request Amendment. If you examine your health information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your health information, submit a written request to the address below. We may deny your request under certain circumstances but we will respond to your request with an explanation within sixty (60) days.

Right to Get a List of Certain Disclosures of Your Health Information. You have the right to request a list of many of the disclosures we made of your health information. Your request must state a time period, which may not go back further than six (6) years. If you would like to receive such a list, submit a written request to the address below. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost and you may choose to modify or withdraw your request at that time.

Right to Request Restrictions. You have the right to ask us NOT to make uses or disclosures of your health information to treat you, to seek payment for care, or to operate the system. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to the Privacy Officer at the address below and describe your request in detail.

Right to Request Confidential Communications. You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail, or to only call your cell phone. To do this, please submit a written request to the Privacy Officer at the address below. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using other information we have. You can also ask to speak with your health care providers in private outside the presence of other patients – just ask them.

Right to be Notified Following a Breach of Unsecured PHI. You will be notified of any breaches of your unsecured protected health information as required by law.

Right to Choose a Representative. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has the authority and can act for you before we take any action.

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CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose patient health information, or how we will implement patient rights concerning their information. We reserve the right to change this notice and to make the provisions in our new Notice effective for all health information we maintain. If we change these practices, we will post a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices at any time by requesting one from the Privacy Officer at the address below.

DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your privacy rights or how we use or disclose your health information. If you have a concern, please contact us at the address below.

If for some reason we cannot resolve your concern, you may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at 200 Independence Avenue, SW, Washington, DC 20201. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

DO YOU HAVE QUESTIONS?

We are required by law to give you this Notice and to follow the terms of the notice that is currently in effect. If you have any questions about this notice, or have further questions about how we may use and disclose your health information, please contact the Privacy Officer.

Privacy Officer:

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