

Notice of Privacy Practices for Protected Health Information

Fort Wayne Smiles, PC

Federal privacy laws permit this practice to make use and disclosure of your health information for purposes of treatment, payment and all normal healthcare operations. Protected health information is the information we create and obtain to provide you with dental healthcare services, and includes related billing documents.

Example of use of your health information for treatment:

Information obtained by us for your treatment is recorded in your health record. If we determine another dentist, doctor or dental laboratory should be consulted/involved during the course of your treatment, Dr. Reichwage will share your information with other appropriate healthcare providers during such consultation

Example of use of your health information for payment:

We submit a request for payment to your dental benefit plan or health insurance plan, which requests information from us regarding the diagnosis/dental treatment you have received. We will provide that information as they require. We submit a statement for payment to a medical/dental financing institution to which you have applied for credit. We will provide that information as they require.

Example of use of your health information for normal healthcare operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training and credentialing programs, medical review, legal services, insurance or collection organizations. We will share information about you with such insurers or other business associates as necessary to obtain payment or services.

Other disclosures and uses:

We may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location and about your health condition.

Communication with Family:

Using our best judgment, we may disclose health information relevant to that person's involvement in your care or in payment for such care, if you do not object or in an emergency, to a family member or relative, close personal friend, or any other person you identify.

Food and Drug Administration (FDA):

We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Privacy Practices (cont.)

Public Health:

As required by law, we may disclose your protected health information to public health or legal authorities or public health oversight agencies charged with preventing or controlling disease, injury or disability or for health oversight activities.

Abuse and Neglect:

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions:

If you are in a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and safety, and that of other individuals.

Judicial/Administrative Proceedings:

We may disclose your protected health information in the course of any judicial or administrative proceedings as allowed or required by law, with your consent or as directed by a proper legal authority or document.

Research:

We may disclose your protected health information to an approved research program or dental research magazine with established protocols to ensure the privacy of your protected healthcare information.

Funeral Directors:

We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to perform their duties.

Marketing:

We may contact you to provide you with information about new health-related benefits and services that may be of interest to you.

For Specialized Governmental Functions:

We may disclose your protected healthcare information for specialized governmental functions as authorized by law, such as Armed Forces personnel, for security purposes or to public assistance program personnel.

Other Uses:

Other uses and disclosure besides those identified in this notice will be made only as otherwise authorized by law or with your revocable written authorization.

We invite your questions or comments about these policies, or if you believe your privacy rights have been violated, you may file a written complaint to Dr. Reichwage at our practice. You may also file a complaint by mailing it to the Secretary of Health and Human Services whose street address is:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201
1-877-696-6675

Our Responsibilities are to:

- maintain the privacy of your health information as required by law;
- provide you with a notice of our duties and privacy practices about the information we collect and maintain for your healthcare;
- abide by the terms of this notice,
- notify you if we cannot accommodate a requested restriction or request;
- accommodate your reasonable requests regarding methods to communicate your health information.

We reserve the right to amend, change or eliminate provisions in our privacy and access practices and to enact new provisions regarding the protected health information we maintain. If our

information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by requesting it at (260) 426-1086 or by visiting our practice to pick up a copy.