

Piedmont Endodontics

Notice of Privacy Practices

Effective September 23, 2013

This notice describes how medical information about you may be used and disclosed, and how you may have access to this information. Please review it carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment for healthcare operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and relates to your past, present, or future physical or mental health or condition and related healthcare services.

Uses or Disclosures of Health Information for Treatment, Payment, and Healthcare Operations:

The following categories describe different ways that we use and disclose medical information. The information may be used in your care and treatment for the purpose of providing healthcare services to you, to pay your healthcare bills, to support the operation of the physician's practice, and for any other use required by law.

- **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party.
- **Payment:** We may use and disclose medical information about you to determine eligibility for benefits and to facilitate payment for treatment and services you receive from healthcare providers.
- **Healthcare Operations:** We may use or disclose your medical information to support the business activities of your physician's practice. We may use medical information in connection with quality assessment, submitting claims, medical review, legal services, audit services, and fraud and abuse programs.
- **As Required By Law:** We will disclose medical information about you when required to do so by federal, state, or local law. We may disclose information when required by a court order or subpoena.
- **No Other Uses or Disclosures without Your Written Authorization:** Other disclosures will only be made with your consent unless required by law. You may revoke this authorization at any time in writing.

Your Rights Regarding Medical Information About You:

- **Your Right to Request Restrictions:** You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may request that any part of your protected health information not be disclosed to family members or friends involved in your care or for notification purposes as described in this Notice of Privacy. You may also request that we not use or disclose PHI for marketing or the sale of PHI. Your request must state the restrictions and to whom they apply. This request must be in writing.

Your physician is not required to agree to a restriction you may request. If your physician believes it is in your best interest to permit the use and disclosure of your protected health information, your protected health information will not be restricted.

- **Your Right to Inspect and Copy:** You have the right to inspect and copy your medical information. To inspect and copy the medical information that may be used to make medical decisions about you, you must submit a written request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.
- **Your Right to Amend:** If you feel that the medical information about you is incorrect or incomplete, you may ask the physician to amend the information. To request an amendment, your request must be in writing and must provide a reason that supports your request. We may deny your request.
- **Your Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures" for any purpose other than treatment, payment, or healthcare operations. This request must be submitted in writing and should state a time period of no longer than six (6) years.

- **Your Right to Request Confidential Communications:** You have the right to request that we communicate with you about your medical matters by alternative means or at an alternative location. This request must be in writing.
- **Your Right to Be Notified if Your PHI Has Been Breached:** You have the right to know if there has been a security breach of your unsecured protected health information by us or a Business Associate.
- **Your Right to Request Restrictions on Disclosures to Health Plans:** You have the right to request restrictions on disclosures to health plans for payment or healthcare operations regarding services for which you have paid out of pocket and in full. This information can only be released upon your written authorization.
- **All Other Uses and Disclosures:** All other uses and disclosures of information not contained in this Notice of Privacy Practices will not be made without your authorization. You may revoke your permission in writing at any time.

Text Messaging Policy: All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties. We will not share your opt-in to an SMS campaign with any third party for purposes unrelated to providing you with services related to that campaign. We may share your personal data, including your SMS opt-in or consent status, with third parties that help us provide our messaging services, including, but not limited to, platform providers, phone companies, and other vendors who assist us in the delivery of text messages.

Your Right to a Copy of This Notice: You have the right to request a paper copy of this notice.

Changes: We reserve the right to change the terms of this notice at any time and to apply the revised notice to all individually identifiable health information that we maintain.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. **You will not be penalized for filing a complaint.**

Our privacy officer is: Piedmont Endodontics

Contact information: Phone: 336-288-0010 Email: admin@piedmontendo.com