

Fibonacci Dental Studio
2800 Jackson Boulevard; Suite 9
Rapid City, SD 57702
605-348-0831

NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.** THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described within this Notice unless we have your permission in writing. You may revoke your written authorization or change your mind on who we share information with at any time, by informing us in a written format, except to the extent that: (i) we have already taken action in reliance on your written authorization, or (ii) if the written authorization was provided to satisfy a condition of obtaining insurance coverage.

Changes to the Terms of this Notice

We reserve the right to change our privacy policy and the terms of this Notice at any time, provided such changes are permitted by applicable law. These changes and the new terms of our Notice will be effective for all health information that we maintain, including the information we received prior to the date the changes were made. The new Notice will be available upon request both in our office and on our website.

Effective Date of this notice is **September 23, 2013.**

Patient Rights

When it comes to your health information, you have the right to:

- Obtain an electronic or paper copy of your medical records.
 - You may request an electronic or paper copy of your medical records and other health information. Requests must be submitted in writing. Our office would be happy to provide you with the appropriate form to make this request.
 - We will provide you a copy or summary within 30 days of your request. We may charge a reasonable and cost-based fee for this service.
- Correct your paper or electronic medical record.
 - You may request that our office correct health information about you in your medical record that you feel is incorrect or incomplete. Requests must be submitted in writing. Our office would be happy to provide you with the appropriate form to make this request.

- Our office will respond in writing to your request within 60 days. If your request is denied you will be notified of the reason.
- Request confidential communication.
 - You can ask us to contact you in a specific way (i.e. home or office phone) or to send mail to a different address. This request must be submitted in writing and must provide a satisfactory explanation of how payments will be handled. If our office is unable to contact you using the alternate locations or phone number you have provided we reserve the right to contact you using any other information we have.
 - Our office will accommodate all reasonable requests.
- Request a Restriction of Information.
 - You may request that we restrict disclosure of your health information to those uses or disclosures needed to carry out treatment, payment or health care operations. We are not required to agree to your request, and we may deny your request if it would adversely affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you may request that we restrict release of information to your health insurer. We can approve such requests unless required by law to share that information.
 - Any request to restrict information must be submitted in writing and must state what information you want to limit, if you want to limit our use, disclosure, or both, and to whom you want the limits to apply.
- Get a list of those with whom we have shared your personal health information.
 - You can request a list (accounting) of the times we have shared your health information for six years prior to the date you ask. The request may include who we have shared your information with and why.
 - We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any disclosures you requested our office to make on your behalf). Our office reserves the right to charge a reasonable, cost-based fee for responding to more than one request in a 12-month period.
- Get a copy of this Notice.
 - You may request a paper copy of this Notice at any time even if you have previously agreed to receive this Notice electronically. We will provide it promptly.
- Choose someone to act for you.
 - 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 this authority and can act for you before we take any action.
- Right to Notification of a Breach
 - You will receive notifications of breaches of your unsecured protected health information as required by law.
- File a complaint if you believe your privacy rights have been violated.

Patient Choices

For certain health information, you can decide what information is shared.

- You can choose to share your health information with your family, close friends, or others involved in your care or in payment for your care. You must complete and submit a written

form, to let our office know who we are allowed to share your health information with. We will treat your patient representative in the same way we would treat you with respect to your health information.

- We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.
- Our office utilizes the Facebook social media website. We share dental trivia and information through this site. Any information you post on our page or information you share by liking our page is at your sole discretion and not the responsibility of Fibonacci Dental Studio.
- For the following situations, Fibonacci Dental Studio will never share your information unless written permission is given prior to the information sharing: (i) marketing purposes or (ii) sale of information.
- If you are not able to tell us your preference, for example if you are unconscious, we may share your information without your express consent, if we believe it is in your best interest. We may also share your information when needed to lessen a serious or imminent threat to your health or safety.

Our Uses and Disclosures

Our office may use and share information for different purposes, including treatment, payment, and health care operations. Some information, such as HIV status, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

- Treatment
 - Our office has open operatories and patients understand, in some cases, a patient in an adjacent operatory may overhear information about their treatment. If this is a concern, please notify the office and we will work to accommodate treating you at a time when no other patient is present.
 - We can use your health information and share it with other professionals who are treating you.
 - **Example:** We may disclose your health information to a specialist providing treatment to you.
- Health Care Operations
 - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
 - **Example:** Healthcare operations include quality assessment and improvement activities, conducting training programs and licensing activities.
- Payment for Services
 - We can use and share your health information to bill and get payments from health plans or other entities.
 - **Example:** We may send claims to your dental health plan containing certain health information.
- Public Health and Safety Issues
 - We can share health information about you for certain situations such as:
 - Preventing disease;
 - Helping with product recalls;
 - Reporting adverse reactions to medications;

- Reporting suspected abuse, neglect, or domestic violence; and
 - Preventing or reducing a serious threat to anyone’s health or safety.
- Research
 - We can use or share your information for health research.
- Legal Compliance
 - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- Work with Medical Examiner or Funeral Director
 - We can share health information with a coroner, medical examiner, or funeral director in the event of your death.
- Government Requests
 - We can use or share health information about you:
 - For workers’ compensation claims;
 - For law enforcement purposes or with a law enforcement official;
 - With health oversight agencies for activities authorized by law; and
 - For special government functions such as military, national security, and presidential protective services.
- Lawsuits and Legal Actions
 - We can share health information about you in response to a court or administrative order or in response to a subpoena.

Questions and Complaints

Should you have any questions or concerns about your protected personal health information or this policy or if you feel your privacy rights have been violated, you may contact our office and request to speak with the HIPAA Privacy Officer, Linda Renteria, at 605-348-0831 or care@fibonacci-ds.com.

You can file a complaint with the U.S. Department of Health and Human Services Officer for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, C.C. 20201m calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaint.

We will not retaliate against you for filing a complaint.

For more information on HIPAA and the laws and requirements we must follow before we can share your information contact the US Department of Health and Human Services or visit their website www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.