

CHILDREN'S DENTAL CENTER OF CENTRAL IOWA, PLC

NOTICE OF PRIVACY PRACTICES

*****PLEASE REVIEW CAREFULLY**

During your child's treatment here the doctor and other caregivers will gather information about your child's health and social history. This handout explains how that information may be shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by the CHILDREN'S DENTAL CENTER OF CENTRAL IOWA, PLC. We are required by law to make sure that medical information that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to medical information about you and your child and to follow the terms of the notice that is currently in effect.

YOUR MEDICAL/DENTAL INFORMATION MAY BE USED AND DISCLOSED FOR THE FOLLOWING PURPOSES:

TREATMENT: We may use your information to provide, coordinate and manage your care and treatment. For example, our office may share your information with another physician or dentist to assist in your care.

PAYMENT: We may use and disclose health information about you so that the treatment and services you or your child receive may be billed to and payment may be collected from you, an insurance company or another third party. For example, we may need to give your dental insurance plan information about treatment so that they will reimburse you for covered services.

HEALTH CARE OPERATIONS: We may disclose your information for the purpose of administering our practice if it is necessary for, for example, evaluation of our performance.

APPOINTMENT REMINDERS AND OTHER HEALTH INFORMATION: We may use your information to send you reminders about future appointments. We may also contact you with information about new or alternative treatments or other services.

TO PEOPLE ASSISTING IN CARING FOR YOU OR YOUR CHILD: We may release information to those helping you to care for your child, helping you to pay your bills, or other individuals that you have authorized in writing to the extent that these people need to know. For example, if you send your child with a family member or friend for treatment, that person will be informed of what we are to be doing and what the results are as they have been sent as your agent.

RESEARCH: Federal law permits information about your child's treatment to be used for research purposes if you give permission in writing or if the research has been approved by an institutional review board for privacy.

AS REQUIRED BY LAW: We will disclose information about your child when we are required by law to do so.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose your information when necessary to prevent a serious threat to the health or safety of your child or another person.

TO BUSINESS AFFILIATES: Some services are provided to our practice by outside firms such as collection agencies, law firms, and accredited agencies that act as consultants. We may disclose information about your child to our business affiliates so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each affiliate is required to sign an agreement to appropriately safeguard the information and not to redisclose the information unless specifically permitted by law.

YOUR MEDICAL/DENTAL INFORMATION MAY BE RELEASED IN THE FOLLOWING SPECIAL SITUATIONS:

MILITARY AND VETERANS: If you are a member of the armed services, we will release information as requested by military command authorities if we are required by law to do so or to the extent that we have your written consent.

PUBLIC HEALTH: We may disclose information to public health authorities for public health activities such as reports related to preventing or controlling disease, injury or disability and pertaining to child abuse or suspected child abuse or neglect as required by law. We may also disclose information regarding reactions to drugs or problems with products.

HEALTH OVERSIGHT ACTIVITIES: Information may be released for the purpose of oversight of health care activities conducted by the government that are authorized by law. For example, government audits, investigations, inspections and licensure activities.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit, dispute, or other judicial proceeding we will disclose medical/dental information about your child only in response to a valid court order, administrative order, subpoena of a substitute dental decision making board, or a grand jury subpoena, or with your written consent. We may disclose information in the context of civil litigation where you have put your child's condition at issue in the litigation.

LAW ENFORCEMENT: We may release dental information if asked to do so by a law enforcement official in response to a valid court order, grand jury subpoena, or warrant or with your written consent. In all instances information may be released if a crime is suspected such as abuse or neglect of a child.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We will release information about your child to authorized federal officials for the purpose of national security as directed by law.

YOU HAVE THE FOLLOWING RIGHTS IN RESPECT TO YOUR CHILD'S MEDICAL INFORMATION THAT WE MAINTAIN:

RIGHT TO INSPECT AND COPY: You have the right to inspect and receive a copy of your dental information used to make decisions about your child's care. Usually this includes x-rays and may include treatment plans or billing records.

If you wish to inspect or copy dental information you must submit your request in writing to our office. If your request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your information in certain and very limited circumstances. For example, we may deny access if Dr. Wade believes it will be harmful to your or your child's health or could cause a threat to others. If you are denied access to medical information you may request that the denial be reviewed. Another licensed health care professional chosen by Dr. Wade will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

RIGHT TO REQUEST AMENDMENT: If you believe that dental information we have about you is incorrect or incomplete you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for our practice.

Your request may be denied if it is not in writing or does not include a reason to support your request. In addition, we may deny your request if you ask us to amend information that was not created by us or if the person who created the information is no longer available, if the information is not part of the information kept by our practice, or if the information is correct and complete.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request a list of the disclosures we have made of your child's health information. This list will not include disclosures for treatment, payment and health care operations, disclosures that you have authorized or that have been made to you, disclosures for national security or

intelligence, to correctional or law enforcement agencies or disclosures that took place before April 14th, 2003 and certain other disclosures.

To request this list of disclosures you must submit in writing to our office your request stating a period of time for which you want this accounting going back no further than 6 years and not before April 14th, 2003. You may receive one free accounting in any 12 month period. We will charge a fee for additional requests.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the health information we use or disclose about your child. For example, you could ask that we not use or disclose information about treatment that you received to other physicians or insurance companies. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions you must make your request in writing to our office and tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about medical or dental matters in a certain way or at a certain location. You must request this in writing to our office and be specific about how or where you wish to be contacted. To do this, we may require information about how payment will be handled.

RIGHT TO A COPY OF THIS NOTICE: You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE: The effective date of this notice is April 14th, 2003. We reserve the right to change this notice. We reserve the right to make the revised notice effective for information that we already have about you or your child as well as further information gained. If this notice is revised, you will have a right to a copy of it and it will be posted in our office.

COMPLAINTS: If you believe that your privacy rights have been violated, you may file a complaint with us by contacting our HIPPA compliance officer (ask for this person at the front desk) or if that process fails to provide resolution you may file a complaint with the Secretary of the Department of Health and Human Services of the United States. To file a complaint with our practice, contact the privacy officer at 515-223-5555. All complaints must be submitted in writing. ***YOU WILL NOT BE PENALIZED FOR SUBMITTING A COMPLAINT!***

OTHER USES OF MEDICAL INFORMATION:

Except as described above, Children's Dental Center of Central Iowa, PLC will not disclose your protected health information without a specific written authorization from you. If you provide us with this authorization in writing you may revoke it and we will no longer disclose information except to the extent that disclosures have already been made.