

Kerry Kelly D.D.S.

(607) 272-4331
(607) 240-5618

1025 N. Tioga Street
Ithaca, New York
14850
USA
kdentalspa@gmail.com

Consent Form - Dr. Kerry Kelly, DDS

HIPAA Privacy Policy Received

HIPAA Notice of Privacy Practices for Personal Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

Dear Dental Patient:

This is your Health Information Privacy Notice at the office of Integrative Oral Health. Please read it carefully. We strongly believe in protecting the confidentiality and security of information we collect from you. This notice refers to Integrative Oral Health by using the terms "us," "we," or "our."

This notice describes how we protect the personal health information we have about you which relates to your dental treatment and how we may use and disclose this information. Personal Health Information includes individually identifiable information which relates to your past, present or future health, treatment or payment for healthcare services. This notice also describes your rights with respect to the Personal Health Information and how you can exercise these rights.

We are required to provide this notice to you by the Health Insurance Portability and Accountability Act ("HIPAA"). You may submit questions to us here at the office or you may write to us at 1025 N. Tioga St. Ithaca, NY 14850.

We are required by law to:

- ~ maintain the privacy of your Personal Health Information;
- ~ provide you this notice of our legal duties and privacy practices with respect to your Personal Health Information;
- ~ follow the terms of this notice.

We protect your Personal Health Information from inappropriate use or disclosure. Our employees are required to comply with our requirements that protect the confidentiality of Personal Health Information. They may look at your Personal Health Information only when there is an appropriate reason to do so, such as to administer our products or services.

We will not disclose your Personal Health Information to any other company for their use in marketing their products to you. However, as described below, we will use and disclose Personal Health Information about you for purposes relating to your dental health care.

The main reasons for which we may use and disclose your Personal Health Information are to evaluate and process any requests with insurance or other dental health providers for coverage and claims you may make or in connection with other health-related benefits or services that may be of interest to you. Also, the information may be shared with other dentists and physicians who you may be referred to. The following describe these and other uses and disclosures, together with some examples.

For Payment: We may use and disclose Personal Health Information to receive pre-authorization for services or payment for benefits under your Dental Insurance coverage. For example, we may review Personal Health Information contained on claims to reimburse providers for services rendered. We may also disclose Personal Health Information to other insurance carriers to coordinate benefits with respect to a particular claim. Additionally, we may also disclose Personal Health Information to a health plan or an administrator of an employee welfare benefit plan for various payment-related functions, such as eligibility determination, audit, and review or to assist with your inquiries or disputes.

For Referral: We may disclose your Personal Health Information to physicians and dentists to whom you are referred.

Where Required by Law or for Public Health Activities: We disclose Personal Health Information when required by federal, state or local law.

Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing Personal Health Information to a governmental agency or regulator with health care oversight responsibilities. We may also release Personal Health Information to a coroner or medical examiner to assist in identifying a deceased individual or determine the cause of death.

To Avert a Serious Threat to Health or Safety: We may disclose Personal Health Information to avert a serious threat to someone's health or safety. We may also disclose Personal Health Information to federal, state or local agencies engaged in disaster as well as to private disaster relief or disaster assistance agencies to allow such entities to carry out their responsibilities in specific situations.

For Health-Related Benefits or Services: We may use Personal Health Information to provide you with information about benefits available to you under your current coverage or policy and, in limited situations, about health-related products or services that may be of interest to you.

For Law Enforcement or Specific Government Functions: We may disclose Personal Health Information in response to a request by law enforcement officials made through a court order, subpoena, warrant, summons, or similar process. We may disclose Personal Health Information about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

When Requested as Part of a Regulatory or Legal Proceeding: If you or your estate is involved in a lawsuit or a dispute, we may disclose Personal Health Information about you to a court or administrative order. We may also disclose Personal Health Information about you in response to a

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subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting Personal Health Information requested. We may disclose Personal Health Information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

Other Uses of Personal Health Information: Other uses and disclosures of Personal Health Information not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or disclose Personal Health Information about you, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on authorization. You should understand that we will not be able to take back any disclosures we have already made with authorization.

Your Rights Regarding Personal Health Information We Maintain About You

The following are your various rights as a consumer under HIPAA concerning your Personal Health Information. Should you have questions about a specific right, please write to us at the location listed in our discussion of that right.

Right to Inspect and Copy Your Personal Health Information: In most cases, you have the right to inspect and obtain a copy of the Personal Health Information that we maintain about you. To inspect a copy of your Personal Health Information, you must submit a request in writing to Integrative Oral Health, 1025 N. Tioga Street, Ithaca, NY 14850. To receive a copy of your Personal Health Information, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of Personal Health Information will not be made available for inspection and copying. This includes Personal Health Information collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of Personal Health Information. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.

Right to Amend Your Personal Health Information: If you believe that your Personal Health Information is incorrect or that an important part of it is missing, you have the right to ask us to amend your Personal Health Information while it is kept by us or for us. You must provide your request and your reason in writing and submit to Integrative Oral Health, 1025 N. Tioga Street, Ithaca, NY 14850. We may deny your request if you ask us to amend Personal Health Information that:

- is accurate and complete;
- was not created by us, unless the person or entity that created Personal Health Information is no longer available to make the amendment;
- is not part of Personal Health Information kept by or for us; or
- is not part of the Personal Health Information which you would be permitted to inspect and copy.

Right to a List of Disclosures: You have the right to request a list of the disclosures we have made for of Personal Health Information about you. This list will not include disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to Integrative Oral Health, 1025 N. Tioga Street, Ithaca, NY 14850. Your request must state the time period from which you wish to receive the disclosures. The time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on Personal Health Information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request. To request a restriction, you must submit your request in writing to Integrative Oral Health, 1025 N. Tioga Street, Ithaca, NY 14850. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on Personal Health Information uses or disclosures that are legally required, or which are necessary to administer our business.

Right to Request Confidential Communications: You have the right to request that we communicate with you about Personal Health information in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Integrative Oral Health, 1025 N. Tioga Street, Ithaca, NY 14850 and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to File a Complaint: 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. To file a complaint with us, please contact Integrative Oral Health, 1025 N. Tioga Street, Ithaca, NY 14850, and 607-272-4331. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have questions as to how to file a complaint please contact us at writing to Integrative Oral Health, 1025 N. Tioga Street, Ithaca, NY 14850.

ADDITIONAL INFORMATION

Changes to This Notice: We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for Personal Health Information we receive in the future. The effective date of this notice and any revised or changed notice may be found on the last page, on the bottom right hand corner of the notice.

Further Information: You may have additional rights under other applicable laws. For additional information regarding our HIPAA Medical Information Privacy Policy or our general privacy policies, please contact Integrative Oral Health, 1025 N. Tioga Street, Ithaca, NY 14850.

Effective 1/1/2006

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First name - Patient

Last name - Patient

Signature

Add any text required for consent here.