



THIS 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.

In this document, Area Dental includes both Area Dental Clinics and Area Oral & Maxillofacial Surgery Clinic.

Area Dental may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care, and conducting health care operations. Area Dental has established a policy to guard against unnecessary disclosure of your health information.

USES AND DISCLOSURES OF HEALTH INFORMATION

TREATMENT: We may use or disclose your health information to others who may provide care to you. For example, physicians involved in your care will need information about your oral health in order to prescribe appropriate medications.

PAYMENT: We may include your health information to collect payment from third parties for the care you have received in our office. For example, the clinic may be required by your insurance carrier to provide information regarding your oral health status so that they will reimburse you or Area Dental.

HEALTHCARE OPERATIONS: We may use and disclose health information for our own operations in order to provide quality care to all Area Dental patients. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of our healthcare professionals, evaluating our performance, conducting training programs, accreditation, certification, licensing, and use of pictures for no cavity club board.

YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

TO YOUR FAMILY AND FRIENDS: We must disclose your health information for our own operations in order to provide quality care to all Area Dental patients. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of our healthcare professionals, evaluating our performance, conducting training programs, accreditation, certification, licensing, and use of pictures for no cavity club board.

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PERSONS INVOLVED IN CARE: We may use or disclose emergency information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement and experience to make reasonable interferences of your best interest in allowing a person to pick up medical supplies, x-rays, or other dentally related items.

MARKETING HEALTH-RELATED SERVICES: We will not use your health information for marketing communications without your written authorization. We do contact you regarding future appointments by postcard, telephone calls, emails, and/or text messaging.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.

ABUSE OR NEGLECT: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert serious threat to your health or safety or the health or safety of others.

NATIONAL SECURITY: We may disclose to military authorities the health information of Armed Forces personnel. We may disclose to authorized health information to federal officials required for national security activity. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you appointment reminders (such as voicemail messages, postcards, letters, emails, or text messages).

WORKMAN'S COMPENSATION: We may disclose your health information to your employer or insurance carrier in relation to worker's compensation injury cases.

PATIENT RIGHTS

ACCESS: You have the right to inspect and receive a copy of your health information, including billing records. A request to inspect and copy records containing this information may be made to our Privacy Officer at (920) 261-0495. If you request a copy of your health information, Area Dental may charge you a reasonable fee for copying and assembling costs associated with your request.

RESTRICTIONS: You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Area Dental's disclosure of your information to someone who is involved in your care of the payment of your care. However, Area Dental is not required to agree to your request.

CONFIDENTIAL COMMUNICATIONS: You have the right to request that our office communicate with you in a certain way. For example, you may wish that we conduct communications with you privately with no other family member present. Please contact our Privacy Officer at (920) 261-0495.

AMENDMENT: You have the right to request that we amend your health information. (Your request must be writing, and must explain why the information should be amended.) We hold the right to deny any unreasonable request.

RIGHT TO ACCOUNTING: You or your representative have the right to request an accounting of disclosures of your health information made by Area Dental for certain purposes, including purposes authorized by law. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period for the accounting starting on April 14, 2003, and may not be made in excess of years from that date. Provider will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Area Dental is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The clinic reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If Area Dental makes a material change to this Notice we will provide a copy of the revised Notice for your review. You, or your representative, have the right to express complaints to our Privacy Officer and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to Area Dental should be made in writing and directed to our Privacy Officer. Area Dental encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Our office contact person is: Deborah Portman—Operations Manager

Area Dental Clinic
1149 Boughton St, Bldg B
Watertown, WI 53094
920-261-0495

Area Dental Clinic
846 E. Reinel St.
Jefferson, WI 53549
920-674-6714

Area Oral & Maxillofacial Surgery
301 S. Roosevelt Dr.
Beaver Dam, WI 53916
920-356-9711

We do make available a copy of this Notice for your own records, upon request, at our front reception area.

EFFECTIVE DATE: This notice is effective April 14, 2003.