

## WILMETTE DENTAL, LTD., NOTICE OF PRIVACY POLICY

**This notice describes how health 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.**

We understand that medical/dental information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive at our office in order to provide you with quality care and to comply with certain legal requirements. Federal and state law requires us to maintain the privacy of your health information. That law also requires us to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices we describe in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and health care operations. For example:

**Treatment:** We may use your health information for treatment or disclose it to a dentist, physician or other health care professional providing treatment for you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide you. We may also disclose your health information to another health care provider or entity that is subject to the federal Privacy Rules for its payment activities.

**Health Care Operations:** We may use and disclose your health information for our office operations. These uses and disclosures are necessary to run the office and ensure that all of our patients receive quality care. Health care operations include quality assessment and improvement activities, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. We may also combine health information about many office patients to decide what additional services the office should offer, whether staff should be added, and whether certain new treatments are effective. We may also disclose information to dentists, laboratory technicians, and other office personnel for review and training purposes.

**On Authorization:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

**Family and Friends:** We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for that health care. Such uses and disclosures will be made only with your permission if you are present, unless you are incapacitated or there is an emergency circumstance where we must exercise professional judgment. We may use professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information. Federal law (HIPAA) provides that the Privacy Rules shall not interfere with effective patient care.

**Appointment Reminders:** We may use and disclose your health information to provide you with appointment reminders such as telephone calls, answering machine and voicemail messages, postcards, or letters, unless you opt out in writing. We may also inform you about treatment options or alternatives or other health-related benefits and services that may be of interest to you.

**Disaster Relief:** We may use and disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Public Benefit:** We may use and disclose your health information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law
- As authorized by state worker's compensation laws
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury

- To report adult abuse, neglect, or domestic violence
- To health oversight agencies
- In response to court and administrative orders and other lawful processes
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person
- To coroners, medical examiners, and funeral directors
- To avert a serious threat to health or safety
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities
- To correctional institutions regarding inmates

## PATIENT RIGHTS

**Access:** You have the right to inspect health information, with limited exceptions. The request must be made in writing. You have the right to request copies of your health information, and may request that we provide copies in a format other than photocopies. We will use the format requested unless we cannot practicably do so. We will charge a reasonable cost-based fee that may include labor, copying costs and postage. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format.

**Amendment:** You have the right to request that our office amend your health information for as long as our office keeps the information. The request must be writing, and it must explain why we should amend the information. We may deny the request if our office did not create the information, the information is not part of the health information kept by our office, or the information is accurate and complete.

**Disclosure Accounting:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information, not related to treatment, payment and health care operations of the office, which you did not specifically authorize. Your request must be made in writing to the Privacy Officer, and it must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

**Restriction:** You have the right to request in writing additional restrictions or limitations on our use or disclosure of health information. We are not required to agree to these additional restrictions, but if we do, we will comply with the request (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. The request is not binding unless our agreement is in writing.

**Alternative Communication:** You have the right to request that we communicate with you about health information by alternative means or to alternative locations. The request must be made in writing, and it must specify the alternative means or location. We will accommodate all reasonable requests.

We reserve the right to change our privacy practices and the terms of the privacy notice at any time, provided such applicable law permits the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information that we created or received before we made the changes, as well as any information we receive in the future. Before we make a significant change in our privacy practices, we will change the notice of privacy practices and make the new notice available upon request.

## QUESTIONS AND COMPLAINTS

You are entitled to a paper copy of this notice at any time. If you want more information about our privacy policy or have questions or concerns, please contact our privacy officer. If you believe your privacy rights have been violated, you may file a complaint in writing with the privacy officer or with the Secretary of the Department of Health and Human Services. A complaint form will be provided upon request. **You will not be penalized for filing a complaint.**

Dental Practice:	Wilmette Dental, Ltd.
Dentist:	Peter H. Neuhaus, DDS
Privacy Officer:	Megan Baker
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