

# Bloom Dental Group

May 1, 2016

## NOTICE OF PRIVACY PRACTICES

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.

### OUR PLEDGE TO PROTECT YOUR PRIVACY

Bloom Dental Group (the “Dental office” for purposes of this Notice) is committed to protecting the privacy of health information we create or receive about you. Health information that identifies you (“protected health information,” or “health information”) includes your medical record and other information relating to your care or payment for care.

We are required by law to:

- Make sure that your health information is kept private (with certain exceptions);
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Notice currently in effect.

### WHO WILL FOLLOW THIS NOTICE

The following parties share the Dental offices commitment to protect your privacy and will comply with this Notice:

- Any health care professional authorized to update or create health information about you.
- All departments and units of the Dental office.
- All employees, volunteers, trainees, students, and staff members of the Dental office.
- All affiliated entities, sites and locations.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following sections describe different ways that we use and disclose your health information:

#### **FOR TREATMENT**

We may use health information to provide you with dental treatment or services. We may use and share health information about you with physicians, specialists, technicians, or other Dental office personnel involved in your care. For example, a provider treating you for a condition may need to know what medications you are taking to assess risks related to drug interactions. The Dental office may also share health information about you to coordinate the services you need, such as pharmacy, lab work and x-rays.

We may also disclose your health information to providers not affiliated with the Dental office to facilitate care or treatment they provide you. For example, we may disclose your health information to your personal physician for care coordination purposes. In addition, we may provide access to your health information to affiliated entities and locations, such as affiliated provider groups for care coordination purposes.

Electronic exchange of health information helps ensure better care and coordination of care. The Dental office participates in health information exchange(s) that allow outside providers who need information to treat you to access your health information through a secure health information exchange.

### **FOR PAYMENT**

We may use and disclose your health information to bill and receive payment for health care services that we or others provide to you. This includes uses and disclosures to submit health information and receive payment from your dental insurer, or other party that pays for some or all of your dental care (payor) or to verify that your payor will pay for your dental care. We may also tell your payor about a treatment you are going to receive to determine whether your payor will cover the treatment. For certain services, if your permission is needed to release health information to obtain payment, you will be asked for permission.

### **FOR HEALTH CARE OPERATIONS**

We may use and disclose health information for health care operations. This includes functions necessary to run the Dental office or assure that all patients receive quality care, and includes many support functions such as appointment or procedure scheduling. We may also share your information with affiliated health care providers so that they may jointly perform certain business operations along with the Dental office. We may combine health information about many of our patients to decide, for example, what additional services the Dental office should offer, what services are not needed, and whether certain new treatments are effective. We may share information with doctors, specialists, technicians, clerks and other personnel for quality assurance and educational purposes. We may also compare the health information we have with information from other Dental offices to see where we can improve the care and services we offer.

### **BUSINESS ASSOCIATES**

The Dental office contracts with outside entities that perform business services for us, such as billing companies, management consultants, quality assurance reviewers, accountants or attorneys. In certain circumstances, we may need to share your health information with a business associate so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring protection of the privacy and security of your health information.

### **APPOINTMENT REMINDERS AND OTHER COMMUNICATION**

We may use and disclose health information to contact you as a reminder that you have an appointment for care at the Dental office. We will communicate with you using the information (such as telephone number and email address) that you provide. Unless you notify us to the contrary, we may use the contact information you provide to communicate general information about your care such as appointment location, department, date and time.

### **TREATMENT ALTERNATIVES**

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### **HEALTH-RELATED BENEFITS AND SERVICES**

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

### **INDIVIDUALS INVOLVED IN YOUR CARE**

We may release health information about you to a family member or friend who is involved in your dental care. We may also give information to someone who helps pay for your care. Unless there is a specific written request made to and agreed to by the Dental office, we may also notify a family member, personal representative or another person responsible for your care about your location and general condition.

## **TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY**

We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. However, any such disclosure will only be to someone able to prevent or respond to the threat, such as law enforcement, or a potential victim. For example, we may need to disclose information to law enforcement when a patient reveals participation in a violent crime.

## **SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION**

### **WORKERS' COMPENSATION**

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **PUBLIC HEALTH ACTIVITIES**

We may disclose health information about you for public health activities. These activities include, but are not limited to the following:

- To prevent or control disease, injury or disability;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify you of the recall of products you may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence; we will only make this disclosure when required or authorized by law;

### **LAWSUITS AND DISPUTES**

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, legally enforceable discovery request, or other lawful process by someone else involved in the dispute.

### **LAW ENFORCEMENT**

We may release health information at the request of law enforcement officials in limited circumstances, for example:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, the victim is unable to consent;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Dental office; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS**

We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information about patients of the Dental office to funeral directors as necessary to carry out their duties with respect to the deceased.

## **MILITARY AND VETERANS**

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

## **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES**

Upon receipt of a request, we may release health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We will only provide this information after the Privacy Officer has validated the request and reviewed and approved our response.

## **INMATES**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the relevant correctional institution or law enforcement official. This release may be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

## **OTHER USES OR DISCLOSURES REQUIRED BY LAW**

We may also use or disclose health information about you when required to do so by federal, state or local laws not specifically mentioned in this Notice. For example, we may disclose health information as part of a lawful request in a government investigation.

## **SITUATIONS THAT REQUIRE YOUR AUTHORIZATION**

For uses and disclosures not generally described above, we must obtain your authorization. For example, the following uses and disclosures will be made only with your authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of PHI; and
- Other uses and disclosures not described in this Notice

If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain records of health information.

## **RIGHT TO AN ACCOUNTING OF DISCLOSURES**

You have the right to request an “accounting of disclosures” which is a list describing how we have shared your health information with outside parties. This accounting is a list of the disclosures we made of your health information for purposes other than treatment, payment, dental operations, and certain other purposes consistent with law. You may request an accounting of disclosures for up to six years before the date of your request. If you request an accounting more than once during a twelve month period, we will charge you a reasonable fee.

## **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we communicate with you about your health information or medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, rather than at your home. We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must be in writing and specify how and where you wish to be contacted.

## **RIGHT TO BE NOTIFIED OF A BREACH**

The Dental office is committed to safeguarding your health information and proactively works to prevent health information breaches from occurring. If a breach of unsecured health information occurs, we will notify you in accordance with applicable state and federal laws.

## **RIGHT TO A COPY OF THIS NOTICE**

You have the right to a copy of this Notice. It is available in administration area.

## **CHANGES TO THIS NOTICE**

We reserve the right to change our privacy practices and update this Notice accordingly. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We have copies available of the current Notice in the administrative area of the Dental office as well as on our website Bloomdentalgroup.com. If the Notice is significantly changed, we will post the new Notice in our registration areas and provide it to you upon request. The Notice contains the effective date on the first page, in the top right-hand corner.

## **QUESTIONS ABOUT OUR PRIVACY PRACTICES**

The Dental office values the privacy of your health information as an important part of the care we provide to you. If you have questions about this Notice or the Dental office's privacy practices, please contact the Dental office by telephone at 650-458-3727, by email at [hello@bloomdentalgroup](mailto:hello@bloomdentalgroup).