

Statement of Privacy Practices

Our office is dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

PROTECTING YOUR PERSONAL HEALTHCARE INFORMATION

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act (HIPPA), the Graham-Leach-Bliley Act and the state of Washington. This includes issues relating to your treatment, payment and our health care operations. Your personal health information will never be otherwise given to anyone – even family members – without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Our office and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. We authorize access to your personal information by our employees only to the extent necessary to conduct our business of serving you, such as processing your dental insurance claims. Our employees are subject to disciplinary action if they violate our office policy. Our privacy policy and practices apply to all former, current and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

Collecting Protected Health Information

We will only request personal information needed to provide our standard of quality health care, implement payment activities, conduct normal health practice operations and comply with the law. This may include your name, address, telephone number(s), social security number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. These third parties include employers, health care providers, health care plans or insurers, and state and federal agencies. Regardless of the source, your personal information will always be protected to the full extent of the law.

Disclosure of your Protected Health Information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. For example, we would disclose your personal information in response to a court order, subpoena, discovery request or other lawful process. We will not use your information for marketing purposes without your written consent.

We may disclose personal information about you that your physician / dentist or other health care provider requests to help them with your health care treatment or services. For example, we may disclose what prescriptions or medications you have received from this office to help other health care providers prescribe appropriate medications.

We may disclose personal information so that we can process your dental insurance claims. This personal information is needed to administer your health insurance benefits, to coordinate benefits with other health care plans, and to determine coverage and co-payments. We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, answering machines and emails.

Patient Rights

You have a right to request copies of your healthcare information; to request copies in a variety of formats; and to request a list of instances in which we, or our business associates, have disclosed your protected information for uses other than stated above. All such requests must be in writing. We will evaluate each request and communicate to you in writing whether or not we can honor the request. There are instances when we cannot honor your request. For example, we will not amend personal information known to be incorrect. We may charge you for the cost of copying, mailing and supplies in a reasonable amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services.

We thank you for being a patient at our office. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.