

**Family & Cosmetic
Gentle Dentistry, Ltd**

Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed, and how you may access this information. Please take the time to read this Notice carefully.

Family & Cosmetic Gentle Dentistry, Ltd respects your privacy. We understand that your personal health information can be very sensitive. We are required by law to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. We reserve the right to change our privacy policies and terms of this Notice at any time, provided such changes are permitted by applicable law.

Protected Health Information (PHI) may include your symptoms, test results, diagnosis, treatment, health information from other providers, and billing and payment information relating to these services. Federal and State law allows us to use and disclose you PHI for purposes of treatment and healthcare operations. State law requires us to get your Authorization to disclose this information for payment purposes.

Uses and Disclosures of Health Information

Treatment: We may disclose your health information to a physician or other healthcare provider providing treatment for you. This will help them stay informed about your patient care in our office.

Payment: We may request payment from your health/dental insurance plan. Health plans need information from us about your medical/dental care. This information may include your diagnosis, procedure performed or recommended treatment.

Healthcare Operations: We may use and disclose medical records to review the qualifications and performance of our healthcare providers and to train our staff. We may also use your medical/dental records to assess quality and improvement services. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Authorization: In addition to our use of your health information for treatment or payment of healthcare operations, you may give us written Authorization to use your health information to disclose to anyone for any purpose. If you give us this 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 health 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. If you are present, then prior to use or disclosure of your health information, we will provide you with the opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our 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.

Marketing Health Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law without your written consent.

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 a serious threat to your health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters)

Patient Rights

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We reserve the right to charge you a reasonable cost-based for expenses such as copies and employee time if this request is made more than once in a twelve (12) month period.

Disclosing Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than the treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a twelve (12) month period, we may charge you a reasonable, cost-based fee for responding to this request.

Restriction: You may have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Questions and Complaints

If you have any questions or want more information regarding this Notice please contact any of our Healthcare Professionals who will be happy to assist you.

If you are concerned that we may have violated your privacy rights or you have other concerns regarding this Notice please submit your written complaint to:

Family & Cosmetic Gentle Dentistry, Ltd
Attention: Systems and Compliance Manager
5100 Eden Avenue Suite 209
Edina, MN 55436