

**HIPPA NOTICE OF PRIVACY PRACTICES**

**ELEVATION ORTHODONTICS**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS INFORMATION CAREFULLY.**

Note: If you have any questions about this notice, please contact Shelby Debettencourt at 615-420-2742 or smile@elevationorthodontics.com.

This Notice of Privacy Practices describes the privacy practices of Elevation Orthodontics and how our dentist or our staff may use and disclose your protected health information (PHI) to carry out your treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. This Notice also applies to any trainee we allow to help you while seeking treatment from us.

**1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by your dentist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills to support the operation of the dentist's practice, and any other use required by law.

**TREATMENT:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your care with a third party (such as Family members, etc.). We will also disclose to a family member, spouse, adult children, and information as necessary for your overall dental care. By signing this document, you give permission to share your dental health information with any family member, friend or other persons to the extent necessary to help with your care and/or payment for your care.

**PAYMENT:** Your protected health information will be used as needed to obtain payment for your dental care services, including from your family members or friends.

**HEALTHCARE OPERATIONS:** We may use or disclose, as needed, your protected health information in order to support the business activities of your dentist's practice. These activities include, but are not limited to, quality assessment activities, appointment reminders, treatment alternatives, employee review, training of dental students, licensing, and conducting or arranging for other business activities.

**SPECIAL SITUATIONS:** We may use or disclose your protected health information in the following situations without your authorization: These situations include: as Required by Law, Public Health issues as required by Law, Communicable Diseases, Health Oversight Abuse or Neglect, Food and Drug Administration requirements, Legal Proceeding, Law Enforcement, Coroners, Funeral Directors, Organ Donation services, Research, Criminal Activity, Military Activity and National Security, Workers' Compensation. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the law.

## 2. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

**RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION:** Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

**RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION:** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply in writing.

Your dentist is not required to agree to a restriction that you may request. If your dentist believes it is in your best interest to permit use and disclose your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION FROM US BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION:** You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

**RIGHT TO HAVE YOUR DENTIST AMEND YOUR PROTECTED HEALTH INFORMATION:** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**RIGHT TO RECEIVE ACCOUNTING OF CERTAIN DISCLOSURES:** We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

**COMPLAINTS:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and became effective on October 25, 2019.

We are required by law to maintain the privacy of, and provide individuals with, this Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer, Shelby Debettencourt, in person at 9 S 9<sup>th</sup> Street, Suite 5, Nashville, TN 37206 or, by phone at our office number 615-420-2742.