

We can share health information about you for certain situations such as:

- * Preventing disease
- * Helping with product recalls
- * Reporting adverse reactions to medications
- * Reporting suspected abuse, neglect, or domestic violence
- * Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- * For workers' compensation claims
- * For law enforcement purposes or with a law enforcement official
- * With health oversight agencies for activities authorized by law
- * For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

This list is not all encompassing. For more information please visit the HIPPA website listed on the back of this brochure.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. You may revoke your decision at any time.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We reserve the right to change the terms of this notice, at any time, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site:

www.sewardfamilydentistry.com

To contact our privacy officer or ask questions about your protected health information, HIPAA Privacy, or this notice, please contact:

Dr. Michael P. Moriarty, P.C.
Compliance Officer: Maya Moriarty
PO Box 710
Seward AK, 99664
Telephone: 907-224-3071
Facsimile: 907-224-6001



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.

Your Rights

You have certain rights when it comes to your health information.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your dental record

We will provide a copy or a summary of your health information, usually within 30 days of your written request, with some limited exceptions. We may charge a reasonable, cost-based fee.

Ask us to correct your dental record

If you feel that your protected health information is incorrect or incomplete, you may ask that we amend your health records in writing. We may say “no” to your request, but we will tell you why, in writing, within 60 days and you will be provided an opportunity to have your request included in your protected health information.

Request confidential communication

You can ask us, in writing, to contact you in a specific way (for example, home or office phone) or to send mail to a specific location. However, we are not obligated to agree to requested restrictions.

Ask us to limit what we disclose

You have the right to ask us to restrict disclosures of your protected health information. We are not required to agree to your request, and we may say “no” if it would affect your care. You should contact the compliance officer in writing to exercise this right.

Get a list of those with whom we’ve shared information

You can ask for a list (accounting) the times we have shared your health information. There are specific time limits on such requests. You have the right to one accounting per year at no cost.

Get a copy of this privacy notice

This privacy notice is posted on our website. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on the front of this brochure. We will not retaliate against you for filing a complaint. You can file a complaint to:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Telephone 1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

Your Choices

For certain health information, you can tell us your choices about what we share.

You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it, in writing, at any time. In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in your care, or
share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures That May Be Made Without Authorization

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

We can use and disclose your protected health information when it is necessary for us to function as a business or provide services. *Example: contract with an IT consultant to upgrade our software.*

Bill for the services

We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

For Appointment Reminders

We may use your health information to contact you regarding appointments, information about treatment alternatives, or other health related services.

For Surveys

We may use and share your health information to contact you to assess your satisfaction with our services.

To Discuss Your Treatment With Other People Who Are Involved In Your Care

We may disclose our health information to a friend or family member who is involved in your care.

For Research

Under certain circumstances, we may use and disclose your health information for medical research. All research projects are subject to a special approval process so your information will not be released unless the project has been approved.

For Organ and Tissue Donation

We may use and disclose your health information to an organ donation bank or to other organizations