

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

About Us: In this notice we use terms like “we”, “us” or “our” to refer to Thomas M. Buttke, Ph.D., D.D.S., P.A., Coastal Endodontics, its dentists, employees, staff and other personnel. All of our sites and locations follow the terms of this notice and may share health information with each other for treatment, payment or health care operations purposes as described in this notice.

Purpose of this Notice: This notice describes how we may use and disclose your protected information to provide treatment, obtain payment and conduct health care operations and for other purposes permitted or required by law. This notice also outlines our legal duties for protecting the privacy of your protected health information and explains your rights concerning your protected health information. We will create a record of the services we provide to you, and this record will include your health information. We must maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing your care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

Our Responsibilities: We are required by law to maintain the privacy of your health information and provide notice of our legal duties and privacy practices with respect to your health information. We will abide by the terms of this notice.

How We May Use or Disclose Your Health Information: *The following categories describe examples of the way we may use and disclose health information:*

For Treatment: We may use your health information to provide you with dental/medical treatment or services and/or for emergency treatment. For example, your health information will be disclosed to the staff participating in your care. We may disclose your health information to another healthcare provider to be certain those parties have all the information necessary to diagnose and/or treat you. We may also disclose information to a laboratory that, at our request, becomes involved in your treatment.

For Payment: We may use and disclose your health information to obtain payment for services we provided or to reimburse you for your treatment. For example, a bill may be sent to you or your insurance company. The bill may contain information that identifies you, your diagnosis and/or treatment. We may disclose your health information to a third party that performs services, such as billing and collections, on our behalf.

For Health Care Operations: We may use and disclose your health information in order to conduct the business activities of our practice. For example, we may call your name in our reception area or contact you by telephone or by mail to remind you of an upcoming appointment for treatment or health care services.

Individuals Involved in Your Care or Payment for Your Care: We may release your health information, including your general condition, to a family member or friend who is involved in your care or who helps pay for your care. We may use or disclose protected health information to notify or assist in notifying a family member, a personal representative or any other person responsible for your care, of your location or general condition. If you are present prior to the use or disclosure of your protected health information, we will provide you with the opportunity to object to such uses or disclosures. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family members or others involved in your health care.

As Required by Law: We may use and disclose your health information when required to do so by federal, state or local law. If you are involved in a legal proceeding, we may disclose your health information in response to a court or administrative order. We may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

Military Activity and National Security: When the appropriate conditions apply, we may disclose, to military authorities, protected health information of individuals who are Armed Forces personnel. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with Workers' Compensation laws and other similar legally established programs.

Your Rights: *Your rights with respect to your protected health information and how you may exercise those rights are outlined below:*

Right to Request Restrictions: You have the right to request restrictions on how we use and disclose your health information for treatment, payment, or health care operations. You may request a restriction by sending your request in writing to our Privacy Official. Please note that we are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain manner or at a certain location regarding the services you receive from us. For example, you may ask that we only contact you at work or only by mail. Please make this request in writing to our Privacy Official.

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. This may include dental or billing records. Please make this request in writing to our Privacy Official.

Right to Amend: If you feel that your health information is incorrect or incomplete, you may request that we amend your information. You have the right to request an amendment for as long as the information is kept by us. Your request must be in writing to the Privacy Official with an explanation regarding why the information should be amended. In certain limited cases, we may deny your request. If we deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization: Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described. You may revoke this authorization at any time, in writing, except to the extent that an action has already been taken in reliance on the authorization.

Right to Receive an Accounting: You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right excludes disclosures for treatment, payment or healthcare operations as described in this Notice of Privacy Practices, to you, to family or friends involved in your care, for notification purposes or as a result of an authorization signed by you. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003 for up to the previous 6 years. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

Right to Complain: If you have any questions about this Notice or would like to file a complaint about our privacy practices, please direct your inquiries to our Privacy Official. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing a complaint.

Requesting or Amending Information Regarding Your Health: All requests must be made in writing and submitted to: *Privacy Official, Coastal Endodontics, 2522 S. Croatan Hwy., Nags Head, NC 27959.* **Please note that we are not required to agree to your request.**

Changes to this Notice: We reserve the right to change the terms of this notice at any time. We reserve the right to make the new notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make changes to our privacy practices, we will promptly post the changes in our office.

You may obtain a copy of our Notice of Privacy Practices at any time by calling our office or requesting one at your next appointment.