

## *Coastal Endodontics*

# **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**ABOUT US:** In this notice we use terms like “we”, “us”, or “our” to refer to Thomas M. Buttke, PhD, DDS, PA, Coastal Endodontics, its dentists, employees, staff and other personnel. Both of our 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 health information “PHI”** to provide treatment, obtain payment and conduct health care operations and for other purposes that are permitted or required by law. This notice also outlines our legal duties for protecting the privacy of your PHI and explains your rights concerning your PHI. We will create a record of the services we provide to you, and this record will include your PHI. 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 PHI is personal, and we are committed to protecting your privacy and ensuring that your PHI is not used inappropriately. Your PHI will not be used for marketing purposes or sold.

**OUR RESPONSIBILITIES:** We are required by law to maintain the privacy and security of your PHI and provide notice of our legal duties and privacy practices with respect to your PHI. We will provide notification of any breach of your PHI. We will abide by the terms of this notice.

**HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION:** *The following categories describe examples of the way we may use and disclose your PHI:*

**FOR TREATMENT:** We may use your health information (PHI) and share it with other professionals who are treating you. Example: We may share your health information to an outside doctor for referral. We will also provide your health care providers with copies of various reports to assist them in your treatment.

**FOR PAYMENT:** We may use or share your health information (PHI) to bill and get payment from your health plans or other entities. Example: we send information to your health insurance plan so it will help to pay for your healthcare.

**FOR HEALTH CARE OPERATIONS:** We may use your PHI in order to conduct our business activities. For example, we may call your name in our reception area or contact you by telephone to remind you of an upcoming appointment. We may disclose a minimum amount of your PHI to a third party “business associate” who performs services for us, such as claims transmission, stipulating that they safeguard it.

**AS REQUIRED BY LAW:** We may use and disclose your PHI when required to do so by federal, state or local law. If you are involved in a legal proceeding, we may disclose your PHI in response to a court or administrative order. We may disclose your PHI 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.

**YOUR RIGHTS:** *Your rights with respect to your PHI and how you may exercise those rights are outlined below:*

*UPON WRITTEN REQUEST:*

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request restrictions regarding how we use and disclose your PHI for treatment, payment or health care operations. You have the right if payment is made out-of-pocket and in full to request restriction of disclosure to your health care plan. You may request a restriction by sending your request in writing to our Privacy Official. Please note that we are not always 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. You may also choose someone to act on your behalf. If you have given someone medical power of attorney or they are your legal guardian, that person can exercise your rights and make choices about your health information. We will ask for proof of this relationship before we take any action.

**RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy PHI 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. Please make this request in writing to our 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 PHI BASED UPON YOUR WRITTEN AUTHORIZATION:** Other uses and disclosures of your PHI 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 PHI. This right excludes disclosures for treatment, payment of 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 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 PHI:** All requests must be made in writing and submitted to: *Thomas M. Buttke, Ph.D., D.D.S., P.A., Privacy Official, 119 W. Woodhill Drive, Suite 1, 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 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 and on our website: [www.obxendo.net](http://www.obxendo.net)

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