

JOSEPH A LAUDIE DDS PA  
**NOTICE OF PRIVACY PRACTICES**

*Effective Date: January 1<sup>st</sup>, 2013*

**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**

If you have any questions about this notice, please contact us at 620-342-8032

**OUR PLEDGE REGARDING HEALTH INFORMATION**

We are required by law to:

- make sure that your health information is kept private;
- give you this notice of our legal duties and privacy practices; and
- follow the terms of the notice currently in effect.

We understand that your health information is personal. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. We are committed to protecting this information.

This notice will tell you about:

- the ways in which we may use and disclose your health information;
- your rights; and
- our obligations regarding the use and disclosure of health information.

**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

We may use or share your health information in certain ways. We will explain how and when we may use or share your health information. We are not able to list each specific way we may use or share your health information, but each situation will fall into one of the basic categories:

- **For Treatment.** It is important that we be able to use or share your information to treat you. We may share your information with doctors, nurses, assistants, dental hygienists, dental or dental hygiene students, or other personnel who are involved in taking care of you. Different departments also may share health information about you in order to coordinate the different things you need, such as prescriptions or x-rays. We may share your information with health care providers outside of Joseph A Laudie DDS PA for your treatment.

For example, a dentist treating you may need to contact your medical doctor regarding your recent heart condition. Or a health care provider may need to know about any drug allergies that you have in order to provide you with appropriate medication.

- **For Payment.** We may use or share your health information so that we are paid for the services provided. We may share your information with another provider so that they may be paid for services as well. We may bill, and share information with other providers, an insurance company, you, or a third party. For example, we may need to give your health plan information about your diagnosis and treatment so your health plan will pay us or reimburse you for the care we provided. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also share your health information in order to facilitate payment to another provider who has participated in your care.

➤ **For Health Care Operations.** We may use and share your health information for Joseph A Laudie DDS PA operations. These uses and disclosures are necessary for business operations and to make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, assistants, dental hygienists, dental or dental hygiene students, and other Dental Practice personnel for review and learning purposes. We may review and evaluate your health information with health information from others to compare how we are doing and see where we can make improvements in the care and services we offer.

➤ **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment at Joseph A Laudie DDS PA. We currently use a telephone call for your appointment reminder. Information may also be sent in the mail via letter or postcard. Messages may be left on your home answering machine or on your mobile phone. Additionally, email reminders and text messages may be sent as appointment reminders.

If you do not wish to receive appointment reminders, or wish to be contacted at a certain telephone number, please contact Joseph A Laudie DDS PA at 620-342-8032.

➤ **Treatment Plan Communication.** We may send treatment plan information to you via mail or email in order to facilitate communication regarding your treatment.

If you do not wish to receive treatment information via mail or email, please contact Joseph A Laudie DDS PA at 620-342-8032.

➤ **Health-Related Benefits and Services.** We may use and disclose health information to tell you about treatment options, health-related benefits, or services that may be of interest to you.

➤ **Individuals Involved in Your Care or Payment for Your Care.** We may release information about you to a family member or other designated person who is involved in your care. We may also give information to someone who helps pay for your care. For example, we may need to tell the person who comes with you to an appointment what he or she may need to do to help you once you get home. In the event of an emergency, we may need to use or share information about you in order to inform your family or persons responsible for your care where you are and your condition.

**SPECIAL SITUATIONS: Additional uses and disclosures for which authorization or opportunity to agree or object is not required by federal privacy rules.**

➤ **Research.** Research is one of the missions of Joseph A Laudie DDS PA. You have the opportunity to be a part of research at Joseph A Laudie DDS PA. Under certain circumstances, we may use and disclose information about you for research purposes, or we may contact you about research projects that you may qualify for. All research projects are subject to a special approval process before we use or disclose your information.

We also may disclose information about you to people preparing to conduct a research project. They may be looking for patients with specific needs or for certain information. The information they review will be kept confidential.

Often, you will need to give permission before we share your information with others for use in research. If your information is used, the researcher must keep your information safe and confidential.

- **As Required By Law.** We may use or disclose your health information without your written authorization if we are required to do so by federal, state or local law. Any disclosure will be strictly limited to the requirements of the law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.
- **Workers' Compensation.** We may release medical information to Workers' Compensation, as required by workers' compensation laws. This program provides benefits for work-related injuries or illness.
- **Public Health Risks.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability; and/or reporting disease or infection exposure.
- **Victims of Abuse, Neglect, or Domestic Violence.** We may disclose certain health information to government agencies authorized by law to receive reports of abuse, neglect, or domestic violence if we believe that you have been a victim.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- **Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding, such as in response to a court order.
- **Law Enforcement.** We may release health information to a law enforcement official if required or permitted by law.
- **Deceased Person Information.** We may release health information to a coroner or medical examiner, or a funeral director as necessary to carry out their duties as required or permitted by law.
- **Specialized Government Functions.** We may release health information about you to authorized federal officials for national security and intelligence, military, or veteran's activities required by law.
- **Secretary of the Department of Health and Human Services.** We may be required to disclose health information without your written authorization to the Secretary of the Department of Health and Human Services when directed to do so in order to review our compliance with federal privacy rules.

### **USES OF HEALTH INFORMATION THAT REQUIRE AUTHORIZATION**

In all other situations (situations that are not treatment, payment, operations or special situations), we may only share information with your specific written authorization.

You may revoke that authorization, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization, except to the extent that we already have used or disclosed your information.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

Although our business record consists of your health information or designated record set, which includes information we used to make decisions about your care, and is the property of Joseph A Laudie DDS PA, the information contained in those records is your information, and you have certain rights regarding that information.

You have the following rights regarding health information we maintain about you. If you wish to exercise any of these rights, please send a written request to Joseph A Laudie DDS PA, 2516 W 15<sup>th</sup> Ave, Emporia, KS 66801.

- **Right to Review and Obtain a Copy.** You have the right to inspect and obtain a copy of health information that may be used to make decisions about your care.

Usually, this information includes treatment and billing records, but does not include psychotherapy notes, information compiled for use in or created in anticipation of a civil, criminal or administrative action or proceeding, or certain lab test results subject to the Clinical Laboratories Improvement Act of 1988.

You must submit a request for your health information in writing to Joseph A Laudie DDS PA, 2516 W 15<sup>th</sup> Ave, Emporia, KS 66801. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

- **Right To Appeal a Denial of Access to Health Information.**

You have the right to access your health information. There are some limitations on that right. If for clear treatment reasons your health provider has determined that access to your health information is likely to have an adverse effect on you, the health care provider shall provide the record to a practitioner designated by you to help you with your review of the information.

Your access is limited to your designated record set. Your designated record set is information we used to make decisions about your care. It does not include:

- information compiled for use in or created in anticipation of a civil, criminal or administrative action or proceeding, or
- certain lab test results subject to the Clinical Laboratories Improvement Act of 1988, or
- other types of information that we did not use to make decisions about your health care.

- **Right to Amend.**

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is maintained. We may deny your request if you ask us to amend information that:

- is not part of the information which you would be permitted to inspect and copy; or
- we believe is accurate and complete.

Submit your request to the Joseph A Laudie DDS PA, 2516 W 15<sup>th</sup> Ave, Emporia, KS 66801. Your request must be made in writing and include a reason that supports your request.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." An accounting of disclosures is a list of the disclosures we made to others of health information about you that are not related to treatment, payment, health care operations, certain disclosures required by law to be kept confidential or disclosures you specifically authorized.

You must submit your request in writing to the Joseph A Laudie DDS PA, 2516 W 15<sup>th</sup> Ave, Emporia, KS 66801. Your request must:

- tell us the calendar dates you want to see. The time period cannot include more than six years of information, and cannot begin prior to April 14, 2003.
- indicate in what form you want the list (paper copy or electronic).

**Charges:** There will be no charge for the first list you request within a 12-month period. We may charge you for the costs of providing any additional lists within the following twelve-month period. We will notify you of the cost involved. You may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. ***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 emergency treatment.

You must make your request for any restrictions in writing to the Joseph A Laudie DDS PA, 2516 W 15<sup>th</sup> Ave, Emporia, KS 66801. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

You must make your request for confidential communications in writing to the Joseph A Laudie DDS PA, 2516 W 15<sup>th</sup> Ave, Emporia, KS 66801. While we are not required to agree with your request, we will try to accommodate all reasonable requests. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, be sure to provide an appropriate telephone number.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Contact a member of the office staff for a copy. You may also print a copy of this notice at <http://www.DrLaudie.com>. If you have any questions about how to access this information, please contact the Joseph A Laudie DDS PA, 2516 W 15<sup>th</sup> Ave, Emporia, KS 66801. 620-342-8032

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. Current copies of this notice will be available at our office sites. The current notice will also be posted at the website listed above. The effective date of the notice will be posted on the top of the first page.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Joseph A Laudie DDS PA, 2516 W 15<sup>th</sup> Ave, Emporia, KS 66801 or with the U.S. Office of Civil Rights, Washington, DC. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**