

A Notice of Privacy Practices For Belltown Dental

This notice about our privacy practices is being provided to you in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice is required by law because we "conduct certain transactions in electronic form", such as submitting your dental insurance claims electronically. The intent of HIPAA is to protect individually identifiable health information from being misused.

As your provider of dental care, we collect and maintain the information contained in your dental records. These records include information pertinent to facilitating your dental care and running our practice. We are required to notify you that we disclose your information for purposes of treatment, payment, and for health care operations.

1. **Treatment** means providing, coordinating and/or managing health care related services by one or more health care providers or technicians. For example, we may need to share information with other providers and specialists involved in the continuation of your care.
2. **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we disclose treatment information when billing a dental insurance plan for your dental services.
3. **Health Care Operations** pertain to all aspects of maintaining and running our practice. For example, patient information may be used for training, learning or quality assessment purposes.

Unless you request otherwise, we may use or disclose health information to a family member, friend, or other personal representative to assist with your health or to receive payment for your dental services. We make every effort to attend to your specific situation conscientiously. In addition, we may use your confidential information to remind you of an appointment by sending reminder postcards and/or leaving messages at home or/ or work.

We request that you affirm your consent to our use of your protected health information by asking you to sign a consent and authorization label for circumstances that may occur where guidelines are not yet legally clear (such as being able to forward your dental records to another provider without requiring you to provide a signed letter of request, should you ever decide to change dentists). This signed consent and authorization label will be kept in your chart and will remain valid indefinitely, or until you indicate otherwise in writing.

HIPAA identifies certain rights regarding the use of your protected health information. If you feel your privacy rights have been violated, you may file a written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights. Your rights include:

1. The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
2. The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
3. The right to access, inspect and copy your protected health information.
4. The right to receive an accounting of disclosures of protected health information outside of treatment, payment, and health care operations.
5. The right to obtain a paper copy of this notice from us upon request.

Please tell us with whom we are allowed to discuss and/or disclose your personal health information.

Mark all that apply:

Myself Only

Spouse: _____

Parent: _____

Sibling(s): _____

Children: _____

Other: _____

"I have received A Notice of Privacy Practices for Belltown Dental. This is my authorization and consent. If this patient is a minor or unable to provide a signature, I am able to do so in his or her behalf."

Signature: _____

Date: _____

We value your trust in our office and welcome any questions or concerns you may have.

For more information about our Privacy Practices, please contact:

Joie Portes, HIPAA Privacy Officer for
Belltown Dental
2623 Western Avenue
Seattle, Washington 98121
206-441-2774

For more information about HIPAA or to file a complaint, please contact:

The US Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue S.W.
Washington, D.C. 20201
Toll Free Number: 877-696-6775

This notice is effect as of January 1st, 2023. We reserve the right to change the terms of our Notice of Privacy Practices and to make new provisions. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy by contacting our office or visiting our website at www.belltowndental.com