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Notice of Privacy Practices for Protected Health Information

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!

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Example of Use of Your Information for Health Care Operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Your Health Information Rights

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted;
- Request that you be allowed to inspect and copy your health record and billing record-you may exercise this right by delivering the request in writing to our office;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office;
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office, and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

Our Responsibilities

The practice is required to:

Maintain the privacy of your health information as required by law;

- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change,

we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request Information of File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, please inquire at our office.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office. You may also file complaint by mailing it or emailing it to the Secretary of State of Health and Human Services whose address and email are available upon request.

- We cannot, and will not, require you to waive your right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

New Compliance Requirements for Narcotic Prescriptions

Starting July 1, 2011, healthcare professionals who prescribe controlled substances must comply with new patient notification requirements. Prescribers, including dentists, must notify any patient who gets a prescription for a controlled substance that the patient's identifying information will be entered into a statewide database of controlled substance prescriptions. The database is called the Prescription Drug Monitoring Program or PDMP.

I hereby acknowledge that I have been notified that my identifying information will be entered into the PDMP database if I am prescribed a controlled substance.

Confidentiality of Substance Use Disorder (SUD) Records

This practice may receive, maintain, or transmit patient records that include information related to Substance Use Disorder (SUD) treatment, even if SUD treatment is not provided directly by our office. These records are protected by federal law (42 CFR Part 2) and HIPAA. The confidentiality of SUD records is strictly maintained, and additional protections apply:

- SUD records may not be disclosed without your written consent, except as permitted by federal law.
- Redislosure of SUD information is prohibited unless expressly permitted by your written consent or as otherwise allowed by law.
- SUD records cannot be used or disclosed in criminal, civil, administrative, or legislative proceedings without your explicit consent or a court order.
- You have the right to request restrictions on the use and disclosure of your SUD records.
- If you have questions about your rights regarding SUD records, please contact our office.

These protections apply to any SUD-related information we receive, store, or transmit, including information from referrals, hospitals, specialists, labs, or imaging centers.

Prohibited:

Audio-visual recording of any kind within waiting areas, consultation rooms, surgical rooms, and patient recovery areas is strictly prohibited. Any such use will be considered a violation of office policy.

Other Disclosures and Uses

We may make other disclosures of your health information allowed or requires by law.

I, _____, hereby acknowledge that I have received a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this Notice.

Patient or Legal Guardian

Date