

GRANT R SMITH DDS PA
3700 W 83RD ST, Suite 111, Prairie Village KS 66208

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice. We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practice and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change the Notice and make the new notices available upon request. You may request a copy of our Notices at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

TREATMENT: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

PAYMENT: We may use or disclose your health information to obtain payment for services we provide to you.

HEALTHCARE OPERATION: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

FAMILY AND FRIENDS: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

PERSONS INVOLVED IN CARE: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information.

HEALTH RELATED PRODUCTS: We may use your medical information to communicate with you about health related products, benefits, services, payment for those products and services and treatment alternatives.

REMINDERS: We may use or disclose medical information to send you reminders about your dental care, such as appointment reminders.

PLAN SPONSORS: If your dental insurance coverage is through an employer's sponsored group dental plan, we may share summary health information with the plan sponsor.

PUBLIC HEALTH AND BENEFIT ACTIVITIES: We may use and disclose your medical information, without your permission, when required by law and when authorized by law for the following kinds of public health and public benefit activities:

For public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence. To avert a serious and imminent threat to health or safety, for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities and fraud prevention agencies, for research, in response to court and administrative orders and other lawful processes. To law enforcement officials with regard to crime victims and criminal activities, to coroners, medical examiners, funeral directors and organ procurement organizations. To the military, to federal officials for lawful intelligence, counter intelligence and national security activities and to correctional institutions and law enforcement regarding persons in custody, as authorized by state workers' compensation laws. If a use or disclosure of health information described above in this Notice is prohibited or materially limited by the laws that apply to us, it is our intent to meet the requirements of the more stringent law.

BUSINESS ASSOCIATES: We may disclose your medical information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

DATA BREACH NOTIFICATION PURPOSES: We may use your contact information to provide legally-required notices of unauthorized acquisition, access or disclosure of your health information

ADDITIONAL RESTRICTIONS ON USE AND DISCLOSURE: Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information including highly confidential information about you. "Highly confidential" information may include confidential information under federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: HIV/AIDS, mental health, genetic tests, alcohol and drug abuse, sexually transmitted diseases and reproduction health information and child or adult abuse or neglect, including sexual assault.

PATIENT RIGHTS

ACCESS: You have the right to examine and to receive a copy of your medical information, with limited exceptions. We will use the format you request unless we cannot practically do so. We may charge you reasonable, cost-based fees for a copy of your medical information, for mailing the copy to you and for preparing any summary or explanation of your medical information you request.

DISCLOSURE ACCOUNTING: You have the right to list the instances in which we disclose your medical information for purposes other than treatment, payment, health care operations as authorized by you and for certain other activities. We will provide you with information about each accountable disclosure what we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request.

AMENDMENT: You have the right to request that we amend your medical information. You should submit your request in writing. We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we deny your request, you may have a statement of your disagreement added to your medical information. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment as well as persons you want to receive the amendment.

RESTRICTION: You have the right to request that we restrict our use or disclosure of your medical information for treatment, payment or health care operations or with family, friends or others you identify. Except in limited circumstances, we are not required to agree to your request. But if we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. Except as otherwise required by law, we must agree to a restriction request if: except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carryout out treatment) and the medical information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full by the patient.

CONFIDENTIAL COMMUNICATION: You have the right to request that we communicate with you about your medical information in confidence by means or to locations that you specify. You should submit your request in writing. Your request must specify the alternative means or locations and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

ELECTRONIC NOTICE: If you receive this Notice on our Website or by electronic mail, you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS: If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy right or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may submit a written complaint to the US Department of Health and Human Services. We support your right to privacy. We will not retaliate in any way if you choose to file a complaint with us or with the US Dept of health and Human Services.

Contact Officer: Sherry

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Phone: (913)649-5600