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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical and dental (health) information. We make a record of the dental care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you by LêDowns Dentistry and to enable us to meet our professional and legal obligations to operate this dental practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your health information. It also describes your rights and our legal obligations with respect to your health information. If you have any questions about this Notice, please contact LêDowns Dentistry at the number above.

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A. How this practice may use or disclose your health information

This practice collects health information about you and stores it in a chart and in an electronic health record/personal health record. This is your medical record. This medical record is the property of LêDowns Dentistry, but the information in the medical records belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment: We use medical information about you to provide your dental care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or dental specialists

who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test or dental laboratories that fabricates the necessary prosthesis for your dental care. We may also disclose medical information to members of your family or others who can help you when you are sick or injured or after you die.

2. Payment: We use and disclose dental information about you to obtain payment for the services we provide. For example, we give your dental insurance company the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they provide to you.
3. Health Care Operations: We may use and disclose medical information about you to operate this practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional employees. Or we may use and disclose this information to send out for referrals to other physicians or dental specialists. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning management. We may also share our medical information with our “business associates,” such as our billing service, that perform administrative services for us.
4. Appointment Reminders: We may use and disclose medical information to contact and remind you about your appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone. . If you have provided us with a current e-mail address or mobile phone number, we may use e-mail or text messaging to communicate your upcoming appointments.
5. Sign In Sheet: We may use and disclose medical information about you by having you sign in when you arrive at our practice. We may also call out your name when we are ready to see you.
6. Notification and Communication With Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose information in a disaster even over your objections if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our professional staff will use their best judgement in communication with your family and others.
7. Marketing: Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatments, care coordination, your treatment management, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may

similarly describe or promote products or services provided by this practice. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization.

8. Required By Law: As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
9. Public Health: We may, and are sometimes require by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
10. Health Oversight Activities: We may, and are sometimes require by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
11. Judicial and Administrative Proceedings: We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceedings to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
12. Law Enforcement: We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
13. Coroner: We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
14. Public Safety: We may, and are sometimes required by law, to disclose your information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

15. Specialized Government Functions: We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
16. Workers' Compensation: We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers compensation, we will make periodic reports to your employer about your condition and treatment. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
17. Change of Ownership: In the event that this practice is sold or merged with another owner or organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another dentist or medical group.
18. Breach Notification: In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
19. Research: We may disclose your health information to researchers conducting research with respect to the materials that were used in your treatment. Your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

B. When this dental practice may not use or disclose your health information

Except as described in this Notice of Privacy Practices, L&D Downs Dentistry will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your health information rights

1. Right to request special privacy protections: You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of what information you wish to have imposed. If you tell us not to disclose information to your dental insurance company concerning your health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

2. Right to request confidential communications: You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to inspect and copy: You have the right to inspect and copy your health information, with limited exceptions. To access your health information, you must submit a written request detailing what information you want access to, whether you want a copy and your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.
4. Right to a paper or electronic copy of this Notice: You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received.

E. Complaints

Complaints about this Notice of Privacy Practices or how this dental practice handles your health information should be directed to LêDowns Dentistry. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

U.S. Department of Health & Human Services
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, DC 20201

OR Email to: OCRComplaint@hhs.gov

You will not be penalized in any way for filing a complaint.