



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, to be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by law, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purpose of treatment, payment and health care operations.

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

Unless you request otherwise, we may use or disclose health information to a family member, friend, personal representative, or other individual to the extent necessary to help with your health care or with payment for your health care. In the event of an emergency or your incapacity, we will use our professional judgment in disclosing only the protected health information necessary to facilitate needed care. In addition, we may use your confidential information to remind you of appointments by sending reminder postcards and/or leaving messages at home and/or work. Your protected health information may also be used by our office to recommend treatment alternatives or to provide you with information about health-related benefits and services that may be of interest to you. In addition, we may disclose your health information for public health oversight activities, judicial or administrative proceedings in response to a subpoena or



court order, to military authorities of Armed Forces personnel, to federal officials for lawful intelligence, Counterintelligence, and other national security activities, to correctional institutions or law enforcement officials, and/or to report suspected abuse, neglect, or domestic violence. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your protected health information, which you may exercise by presenting a written request to our office.

- ❑ The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, relatives, 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.
- ❑ The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- ❑ The right to access, inspect, and copy your protected health information, with limited exceptions. A reasonable fee may be assessed.
- ❑ The right to request an amendment to your protected health information. We may deny your request in certain situations.
- ❑ The right to receive an accounting of disclosures of protected health information made outside of treatment, payment, or health care operations or based on your previous authorization.
- ❑ The right to obtain a paper copy of this notice from us upon request.

We reserve the right to change the terms of our Notice and to make the new notice effective for all protected health information that we maintain. Revisions to our Notice will be posted on the effective date and you may request a written copy from our office.

You have the right to file written complaint with us or with the Department of Health & Human Services below, in the event you feel your privacy rights have been violated.

Dr. Gabriel Don Sing, D.D.S.
9730 3rd Avenue NE
Suite 209
Seattle, WA 98115 206-362-3404

For more information, or to file a complaint:

The U.S. Department of Health & Human Services, Office of Civil Rights
200 Independence Ave. SW, Washington D.C., 20201 877-695-6775