

LEAL, SPANGLER AND JOHNSON DDS, PA

NOTICE OF PRIVACY PRACTICES

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

Effective Date: **04/ 01 / 2003**

Revised Date: **02/ 01 / 2018**

If you have any questions about this notice, please contact the Leal, Spangler and Johnson, DDS, PA Privacy Officer at (336) 788-5073.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of:

- Leal, Spangler and Johnson, DDS, PA.
- Any health care professional authorized to enter information into your dental record maintained by Leal, Spangler and Johnson, DDS, PA.
- Any persons or companies with whom Leal, Spangler and Johnson, DDS, PA contracts for services to help operate our practice and who have access to your personal health information.
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share personal health information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)

We understand that medical information about you and your health is personal. We are committed to protecting your PHI. We create a record of the care and services you receive from Leal, Spangler and Johnson, DDS, PA. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care and billing for that care that are generated or maintained by Leal, Spangler and Johnson, DDS, PA, whether made by Leal, Spangler and Johnson, DDS, PA personnel or other health care providers. Other health care providers may have different policies or notices about confidentiality and disclosure that apply to your PHI that is created in their offices or at locations other than Leal, Spangler and Johnson, DDS, PA.

This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

- Make sure that personal health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices at Leal, Spangler and Johnson, DDS, PA, and your legal rights, with respect to your PHI; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- **For Treatment** We may use PHI about you to provide you with dental treatment or services. We may disclose PHI about you to dentists, doctors, assistants, nurses, hygienists, lab technicians, dental students, volunteers, or other personnel who are involved in taking care of you at Leal, Spangler and Johnson, DDS, PA. For example, a dentist performing an extraction may need to know if you have diabetes because diabetes may slow the healing process. We also may disclose PHI about you to people outside Leal, Spangler and Johnson, DDS, PA who may be involved in your dental care after you have been treated by Leal, Spangler and Johnson, DDS, PA, such as friends, family members, or employees or medical staff members of any skilled nursing facility to which you are transferred.
- **For Payment** We may use and disclose PHI about you so that the treatment and services you receive from Leal, Spangler and Johnson, DDS, PA may be billed by Leal, Spangler and Johnson, DDS, PA and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your dental or health plan information about treatment you received from Leal, Spangler and Johnson, DDS, PA so your dental or health plan will pay us or reimburse you for the treatment.
- **For Health Care Operations** We and our business associates may use and disclose PHI about you for health care operations. These uses and disclosures are necessary to run Leal, Spangler and Johnson, DDS, PA and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many patients to decide what additional services Leal, Spangler and Johnson, DDS, PA should offer, and what services are not needed. We may also disclose information to dentists, assistants, hygienists, lab technicians, and other personnel affiliated with Leal, Spangler and Johnson, DDS, PA for review and learning purposes. We may also combine the PHI we have with PHI from other dental care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of PHI so others may use it to study dental care and dental care delivery without learning the identities of specific patients. We also may disclose information about you to another health care provider for its health care operations purposes if you also have received care from that provider.
- **Treatment Alternatives** We may use and disclose PHI to tell you about or recommend different ways to treat you.
- **Individuals Involved in Your Care or Payment for Your Care** We may release PHI about you to a friend or family member who is involved in your dental care. This would include persons named

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any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all of your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

- **As Required or Permitted By Law.** We may disclose PHI about you when required or permitted to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you when it appears necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.

SPECIAL SITUATIONS

- **Active Duty Military Personnel and Veterans** If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release PHI about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs PHI about you to determine whether you are eligible for certain benefits.
- **Workers' Compensation.** In accordance with state law, we may release without your consent PHI about your treatment for a work-related injury or illness or for which you claim workers' compensation to your employer, insurer, or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose without your consent PHI about you for public health activities. These activities generally include but are not limited to the following:
 - To report, prevent or control disease, injury, or disability;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To report suspected abuse or neglect as required by law.
- **Health Oversight Activities.** We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The government uses these activities to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we must disclose PHI about you in response to a court or administrative order. We also may disclose PHI about you in response to a subpoena or other lawful process from someone involved in a civil dispute.

- **Law Enforcement** We may release without your consent PHI to a law enforcement official:
 - In response to a court order, warrant, summons, grand jury demand, or similar process;
 - To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;
 - In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person;
 - To report a death or injury we believe may be the result of criminal conduct; and
 - To report suspected criminal conduct committed at Leal, Spangler and Johnson, DDS, PA facilities.

- **Coroners and Medical Examiners** We may release without your consent PHI to a coroner or medical examiner. This may be done, for example, to identify a deceased person or determine the cause of death. We also may release PHI about deceased patients of Leal, Spangler and Johnson, DDS, PA to funeral directors to carry out their duties.

- **National Security and Intelligence Activities** We may release without your consent PHI about you as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect our national security.

- **Protective Services for the President and Others.** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

- **Marketing of Health-Related Products and Services.** “Marketing” means a communication for which we receive any sort of payment from a third party that encourages you to use a service or buy a product. Before we may use or disclose your PHI to market a health-related product or service to you, we must obtain your written authorization to do so. The authorization form will let you know that we have been paid to make the communication to you. Marketing does not include: prescription refill reminders or other information that describes a drug you currently are being prescribed, so long as any payment we receive for that communication is to cover the cost of making the communication; face-to-face communications; or gifts of nominal value, such as pens or key chains stamped with our name or the name of a health care product manufacturer. Communications made about your treatment, such as when your dentist refers you to another dental care provider, generally are not marketing.

- **Inmates.** If you are an inmate of a correctional institution or in the custody of law enforcement, we may release PHI about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official represents to Leal, Spangler and Johnson, DDS, PA that such medical information is necessary: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to obtain

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payment for services provided to you. If you are in the custody of the North Carolina Department of Corrections (“DOC”) and the DOC requests your dental records, we are required to provide the DOC with access to your records.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding phi we maintain about you:

- **Right to Inspect and Copy** You have the right to inspect and receive a copy of your dental record unless your dentist determines that information in that record, if disclosed to you, would be harmful to your mental or physical health. If we deny your request to inspect and receive a copy of your PHI on this basis, you may request that the denial be reviewed. Another licensed dental care professional chosen by Leal, Spangler and Johnson, DDS, PA will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

If we have all or any portion of your PHI in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

Your PHI is contained in records that are the property of Leal, Spangler and Johnson, DDS, PA. To inspect or receive a copy of PHI that may be used to make decisions about you, you must submit your request in writing to Leal, Spangler and Johnson, DDS, PA’s Privacy Officer. If you request a copy of the information, **we may charge a fee** for the costs of copying, mailing, or other supplies associated with your request, and we may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

- **Right to Amend** If you feel that PHI we have about you in your record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Leal, Spangler and Johnson, DDS, PA.

To request an amendment, make your request in writing to Leal, Spangler and Johnson, DDS, PA’s Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for Leal, Spangler and Johnson, DDS, PA;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your dental record.