

# WESTFIELD DENTAL

## NOTICE OF HIPAA PRIVACY PRACTICES

**Our Notice of Privacy Practices defines how your health information may be used and disclosed and how you can obtain access to this information. Please examine it carefully. The privacy of your health information is very important to us.**

The law requires that *Westfield Dental* maintain the confidentiality of your protected health information. We must provide our patients with a notice of our legal obligations and privacy practices regarding protected health information, and inform those affected in the event of a breach of unsecured protected health information. It is our responsibility to follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect January, 2019, and will remain in effect until we replace or update it.

We maintain the right to modify our privacy practices and the conditions of this Notice at any time, so long as these changes are permitted by current law. We also reserve the right to make new Notice requirements effective for all protected health information that we retain, including health information we created or received before we made the modifications. If we make an important change in our privacy practices, we will post the new notice at our practice location and web site. Copies of the new notice will be available at your request.

You may ask for a copy of our Privacy Practices Notice whenever you like. For additional information regarding our privacy practices, or for extra copies of this Notice, you can contact us by means of the information provided at the end of this Notice.

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### Uses and Disclosures of Health Information:

**Appointment Confirmation:** We may use or disclose your health information to provide you with appointment confirmations (such as voicemail messages, e-mails, text messages, postcards or letters).

**Treatment:** We may use and disclose your health information for your dental care. We may share your health or dental information with a physician or a dental specialist providing you treatment.

**Payment:** We may utilize and disclose your health information to acquire compensation for the services we provide for you. For example, we may send claims to your dental health plan or another third party containing health and dental information to substantiate the request.

**Healthcare Operations:** We may utilize and disclose your personal health information in association with our healthcare operations. Healthcare operations include matters such as quality assessment and development pursuits, professional educational endeavors, training programs and licensing or credentialing activities.

**Persons Involved in Your Care:** We may disclose your health information to a family member, friend or another person of your choice, when they participate in your care or the payment for your care. We may share pertinent information about you with a personal representative. If a person has the legal authority to make health care decisions for you, we will consider that personal representative the same as we would you regarding your health information.

**Emergency Disclosures:** 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 and coherent, we will ask you for your preference as to whom you want us to contact. In an emergency situation, if you are absent or incapacitated, we will use our

professional judgment to only disclose health information that is directly relevant to that person's involvement in your healthcare. We will also use our professional judgment 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.

**Disaster Relief:** We may utilize or release your health information when it is necessary by law to help in a catastrophe.

**Marketing Health-Related Services:** We will not sell, use or disclose your personal health information for marketing without your written authorization. On occasion, we may provide marketing communication for products we feel may be of interest or benefit to you either by mail, email or text message. If you would prefer to not receive this information, we will provide an opt-out option when we contact you and will honor your wishes once we receive your reply.

**Required by Law:** We may use or release your health information if it is legally necessary.

**Public Health and Public Benefit:** We may provide your health information to the appropriate government agency for public health concerns such as: to report suspected abuse, neglect, or domestic violence; to prevent or control disease or injury; to report adverse responses to medications or difficulties with products or devices; to alert someone who may be at risk of contracting or spreading a disease; to report to a government oversight agency for activities authorized by law; for certain judicial and administrative proceedings; for certain law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order; or to avert a serious threat to health or safety.

**National Security:** In special circumstances we may disclose the health information of Armed Forces personnel to military authorities. We may disclose personal health information to authorized federal officials when required for lawful national security activities. The



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protected health information of an inmate or patient may be released to a correctional institution or a law enforcement official having lawful custody of that person.

**Secretary of HHS:** We are required to release your health information to the Secretary of the U.S. Department of Health and Human Services when it is necessary to research or determine conformity with HIPAA policies.

**Worker's Compensation:** We may disclose your health information to the extent it is authorized by and is requisite to conform to laws relating to worker's compensation or other similar programs established by law.

**Health Oversight Activities:** We may disclose your health information to an oversight agency for legally authorized activities such as audits, investigations, inspections and credentialing, as needed for licensure and for government monitoring of the health care system, government programs, and conformity with civil rights laws.

**Judicial and Administrative Proceedings:** In the event you are involved in a lawsuit or a dispute, we may respond to a court or administrative order to disclose your personal health information. The same is true with a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute. This will only be disclosed if efforts have been made either by the other party or by us, to inform you of the request or to procure an order protecting the information requested.

**Coroners, Medical Examiners, and Funeral Directors:** We may release your personal health information to a coroner or medical examiner if it is necessary, for example, to identify a deceased individual or verify the cause of death. Personal health information may be disclosed to a funeral director, in accordance with the laws that relate, to enable them to carry out their responsibilities.

### **Other Uses and Disclosures of PHI:**

We will acquire your written permission before use or release of your protected health information for purposes other than those presented in this Notice (or as alternatively legally permissible or necessary). You may withdraw your consent at any time. Once we receive a written cancellation of authorization, we will terminate the use or disclosure of your personal health information, excluding actions that were previously taken that were dependent upon the authorization.

**Access:** You may rightfully view or acquire copies of your health information, with a few exceptions. You must submit a written request for access. Contact our office for an access request form or send a signed letter stating your request to the address listed at the end of this Notice. We may provide photocopies of your information or copies in an alternative electronic format, unless we are not practicably able to do so. There will be a reasonable fee charged for

the cost of supplies, postage, and the labor of making copies. You can reach us through the contact information listed at the end of this Notice for a full explanation of our fee structure for copies.

If you are denied a request for access, you have the right to have the refusal reviewed in agreement with the legal requirements.

**Disclosure Accounting:** With the exception of certain disclosures, you have the right to receive an accounting of the releases of your health information in harmony with the appropriate laws and regulations. To request this, you must submit your request in writing to the Privacy Official. We may charge you a fair, cost-based fee for answering more than one request within twelve months.

**Restriction of Disclosure:** You may rightfully request further limitations on our use or disclosure of your health information by submitting a written request to the Privacy Official. We are not required to agree to your request except when the disclosure is to a health plan for purposes of carrying out reimbursement or health care operations, and the information pertains solely to a health care product or service for which you, or another person on your behalf (other than the health plan), has paid Westfield Dental in full.

**Alternative Communication:** You have the right to request that we converse with you regarding your health data by a different method or at another location. You must submit a written request. You must specify the alternative process or place, and provide a suitable explanation as to how payments will be handled under the conditions you request. We will allow for all reasonable demands but if we are unable to contact you using the process or location you have requested, we will contact you using the information we have.

**Amendment:** You have the right to ask us to modify your health information. This request must be in writing and clearly substantiate why the material should be altered. We may decline your request in some situations. If we agree to your appeal, we will amend the data and inform you of the change. A denial of your request for an amendment will result in a written justification as to why we did not permit the alteration and an explanation of your rights.

**Right to Notification of a Breach:** You will receive a legally required notification of any breach of your unsecured protected health information.

**Electronic Notice:** You may request a paper copy of this Notice, even if you have agreed to receive this Notice electronically on our Website or by electronic mail (email).

There are distinct privacy protections for health information such as genetic data, substance abuse records, HIV related information, and mental health documentation. This is not usually needed in a dental health setting. In the unlikely event that this would be required, we would abide by the legal requirements for these types of records.



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**Questions and Complaints:** Please reach out to us if you want more information about our privacy practices or have questions or concerns.

If you feel that your privacy rights may have been violated, or if you disagree with our response to your request to access, limit or modify your health information or to arrange for us to communicate with you by a different method or at another setting, you may submit your complaint by means of the contact information provided at the conclusion of this Notice. You also may write to the U.S. Department of Health and Human Services. We will provide the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We uphold your right to the confidentiality of your personal health information. We will not take action against you if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Our Privacy Official: Emilie Lund of Westfield Dental

Telephone: 320.286.2712

Address: 149 Main St. South, Hector, Minnesota 55342

E-mail: [info@westfielddentalpa.com](mailto:info@westfielddentalpa.com)

