

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. PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

Shenandoah Endodontics is required by applicable federal and state law to maintain the privacy of your health information. We are also required by law 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 while it is in effect. This Notice takes effect 12/01/2020, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices 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 this Notice and make the new Notice available.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

We are permitted by law to use and disclose your health information without your written or other form of HIPAA authorization under certain circumstances as described below. This means that we do not have to ask you before we use or disclose your PHI for purposes listed below:

- **Treatment:** We may use and disclose your health information in order to provide you with treatment or other health care services. This may include us providing, coordinating, or managing health care and related services for you by one or more of your health care providers, and could include the coordination or management of health care by one or more of your health care providers with a third party. *For example, we may use or disclose your health information to provide you with **appointment reminders** (such as voicemail messages, postcards, or letters). We may also disclose your information to a care coordinator who would follow up with you to schedule appointments with another health care provider or for an evaluation.*
- **Payment:** We may use and disclose your health information in order to obtain payment for the treatment or services provided to you. *For example, may provide your health plan with information regarding treatment you received from us, such as X-Rays or examinations, so that we may properly be paid for such services. We may also contact your health plan regarding future treatment or services you may be provided with in order to obtain approval or to find out whether your health plan will pay for the treatment or services.*
- **Healthcare Operations:** 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. We may also disclose your health information to someone outside of our organization where we have entered into a written agreement with a business associate to perform certain services on our behalf. *For example, we may disclose your information to an outside company that we have contracted us to help with our billing.* Finally, we may share your health information with other health care providers who have or have had a treatment relationships with you, and health plans with whom you have or have had a payor-beneficiary relationship if such health care provider or health plan needs your information for the following health care operations of their *own*: (1) conducting quality assessment and improvement activities; certain patient safety activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, or contacting of health care providers and patients with information about treatment alternatives; and related function that do not include treatment; (2) reviewing the competence or qualifications of health care professionals; evaluating practitioner and provider performance, or health plan performance; conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers; training of non-health care professionals, accreditation, certification, licensing, or credentialing activities. We may also use and disclosure your PHI to such other health care providers or health plans for the purposes of health care fraud and abuse detection or compliance.
- **Family, Relatives and Persons Involved in Your Care:** 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, or (if you are present) we provide you with the opportunity to object to the disclosure and you do not object. 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. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the 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.

- **Required by Law:** We may use or disclose your health information when we are required to do so by law. This includes disclosing your health information pursuant to a court order, subpoena or other lawful process in the course of a judicial or administrative proceeding.
- **Public Health Activities.** We may share your health information with a public health authority that is authorized by law to conduct certain public health activities, including: (i) reporting your information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (ii) Reporting your information to public health authorities for the purpose of public health surveillance, public health investigations, and public health interventions; (iii) reporting information about products and services under the jurisdiction of the U.S. Food and Drug Administration, such as reactions to medications; (iv) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, when authorized by law to do so; and (v) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency, such as Medicaid or Medicare, that oversees health care systems and delivery, to assist with audits or investigations that ensure compliance with such government health care programs.
- **Averting a Serious Threat to Health or Safety.** When necessary, and consistent with applicable law and standards of ethical conduct, we may use or disclose your health information to a person or persons reasonable able to prevent a or lessen serious and imminent threat to the health or safety of a person or the public, including the target of the threat.
- **Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.
- **Decedents.** We may disclose your health information to medical coroners for purposes of identifying or determining cause of death or to funeral directors in order for them to carry out their duties as permitted or required by law.
- **Organ and Tissue Procurement.** If you are an organ donor, we may disclose your health information to organizations that facilitate or procure organs, tissue or eye donations or transplantation.
- **Workers Compensation.** We may use or disclose your health information to the extent necessary to comply with state law for workers' compensation or other similar programs, for example, regarding a work-related injury you received.
- **Research.** Although generally we will ask for your written authorization for any use or disclosure of your PHI for research purposes, we may use or disclose your health information under certain circumstances without your written authorization where our research committee (IRB) has waived the authorization requirement.
- **Law Enforcement Officials.** We may disclose your health information to police or other law enforcement officials as may be required or permitted by law or pursuant to a court order, subpoena or other lawful process. *For example, we may disclose your PHI to police in order to identify a suspect, fugitive, material witness or missing person. We may also disclose your PHI to police where it may concern a death that we believe is a result of criminal conduct or due to criminal conduct within our premises. We may also disclose your PHI where it would be necessary in an emergency to report a crime, identify a victim of a crime, or identify or locate the person who may have committed a crime.*
- **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information that is required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of health information of inmate or patient under certain circumstances.

WHEN YOUR SIGNED HIPAA AUTHORIZATION IS REQUIRED

In general, we must first ask you to sign our HIPAA Authorization form before we may use or disclose your PHI for any purpose other than those listed above. You have the right to revoke your Authorization at any time, provided the revocation is in writing, and unless we have already acted on reliance on it. We will seek your written authorization for *at least* the following information unless the use or disclosure would be otherwise permitted or required by law as described above:

- **Marketing activities.** We will obtain your signed authorization in order to use any of your health information to mail or email you marketing materials. However, we may provide you with marketing materials face-to-face without obtaining authorization, in addition to communicating with you about services or products that relate to your treatment, case management, or care coordination, alternative treatments, therapies, providers or care settings.
- **Activities where we receive money for exchanging PHI.** For certain activities for which we would receive money (remuneration) directly or indirectly from a third party in exchange for your PHI, we must obtain your specific written authorization prior to doing so.
- **Certain Categories of Health Information Specifically Protected by State Law.** With regard to certain categories of health information that are protected by state law and require your specific consent before it may be disclosed by use for certain purposes, we will obtain your consent in accordance with such applicable state law when required. A summary of such state laws can be found in our "**State Law Addendum**".

YOUR RIGHTS

- **Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies, for example in electronic format. We will use the format you request unless we cannot feasibly do so. We may ask you to make your request to obtain access to your health information in writing, so long as it is not a barrier to you gaining timely access to your health information. We can charge you a reasonable cost-based fee for expenses such as copies and staff labor costs. Such fee may include the cost of: (1) labor for copying the information you have requested, whether in paper or electronic form; (2) supplies for creating the paper copy or electronic media (e.g., CD or USB drive) if the you request that an electronic copy be provided on portable media; (3) postage, if you request that the copy, or the summary or explanation, be mailed to you; and (4) preparation of an explanation or summary of your PHI, if you agree. We will not charge you for costs associated with verification, documentation, searching for and retrieving your PHI, maintaining our systems, or recouping our costs associated with investing in data access, storage, or infrastructure. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.
- **Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before January 1, 2009. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **Requesting Restrictions:** You have the right to request restrictions be placed on certain uses and disclosures of your health information. Although we will carefully consider any such request for additional restrictions on how we will use or disclose your information, we are not required to grant your request *unless* your request relates *solely* to restricting disclosure of your health information to a health plan or other payor for the sole purpose of payment or health care operations for a health care item or service that you or your representative have paid us for in full and out-of-pocket.
- **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.
- **Amendment:** You may request that we amend, or change, your health information that we maintain by contacting our Privacy Officer. We will comply with your request unless: (1) we believe the information is accurate and complete; (2) we maintain the information you have asked us to change but we did not create or author it, for example, your medical records from another doctor were brought to us and incorporated into your medical records with our doctors; or (3) the information is not part of the designated record set or otherwise unavailable for inspection.
- **Right to Notice of Breach.** We take very seriously the confidentiality of our patients' information, and we are required by law to protect the privacy and security of your health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.
- **Right to Revoke Authorization.** You may at any time revoke your authorization, whether it was given verbally or in writing. Any revocation will be granted except to the extent we may have taken action in reliance upon your authorization.
- **Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.
- **Certain Additional Rights Granted by State Law.** Where state law affords you rights that are broader than those granted under HIPAA, we are required to and abide by such state laws. Please see our "**State Law Addendum**".

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact our Privacy Officer by:

U.S. Mail: Shenandoah Endodontics, 1800 Plaza Drive, Winchester, VA 2260

Phone: (540) 779-0101

Email: privacyofficer@shenandoahendodontics.com

Or you may submit a complaint through our website "Contact Us" portal here: [Contact Us - Shenandoah Endodontics](#)

If you are concerned that we may have violated your privacy rights, 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 our Privacy Officer using the contact information listed above.** You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.