



W. Todd Rogers Dental

Telephone: 719.528.6450 Fax: 719.528.5834
Email: info@toddrogersdental.com Website: www.ToddRogersDental.com
Mailing Address: P.O. Box 64230, Colorado Springs, CO 80920
Street Address: 5575 Tech Center Drive, #103, Colorado Springs, CO 80919

NOTICE OF PRIVACY PRACTICES

This describes how health information about you may be used or disclosed, and how you can gain access to this information. Please review this document carefully and contact us at any time if you have questions or concerns.

We at W. Todd Rogers Dental take the confidentiality of your health information very seriously. We make every effort to comply with established practices and pertinent laws including the federal Health Insurance Portability and Accountability Act (HIPAA).

We do not ever want you to delay treatment out of fear that your personal health history might be unnecessarily made available to others outside our office. The rapid evolution of computer technology and its use in healthcare has motivated the federal government to legally enforce the importance of privacy of health information, and to enact laws intended to standardize and protect the privacy of its electronic exchange. We have therefore conducted a careful review regarding the ways in which our patients' health information is used within our computers, but also with the Internet, phone, faxes, copy machines, and charts. We believe this has been an important exercise because it has compelled us to put into writing the policies and procedures we employ to ensure the protection of your health information no matter where it might be used.

We want you to be informed about the policies and procedures we have developed to ensure that your health information will not be shared with anyone who does not require it. Our offices are subject to state and federal laws regarding the confidentiality of your health information. In compliance with these laws, we want you to understand our procedures and your rights as a valuable patient of W. Todd Rogers Dental. We will use and communicate your health information only for the purposes of providing your treatment, obtaining payment, and conducting healthcare operations. Your health information will not be used for other purposes unless we have asked for and received your voluntary permission, in writing.

HOW YOUR HEALTH INFORMATION MAY BE USED:

To provide treatment: We will use your health information within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed for scheduling and coordination of care between our Hygienist, Dental Assistants, Dentist and office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories, pharmacies or other health care personnel providing you treatment.

To obtain payment: We may include your health information with an invoice used to collect payment for treatment you receive in our offices. We may accomplish this with insurance forms filed for you through the mail. We will make every effort to work only with companies that have a similar commitment to your privacy and security.

To conduct health care operations: Your health information may be used during performance evaluations involving our staff. It is also possible that health information will be disclosed during audits by insurance companies or government-appointed agencies as part of their quality assurance and compliance reviews.

In patient reminders: Because we believe that regular care is very important to your oral and general health, we will remind you of scheduled appointments or when it is time for you to contact us to make an appointment. Additionally, we may contact you to follow up regarding your care or inform you about treatment options or services that might be of interest to you or your family. Such communications are an important element of our philosophy of partnering with our patients to ensure that they receive the best preventative and restorative care that modern dentistry can provide. These communications may include postcards, letters, or telephone calls.

Abuse or neglect: We will notify the appropriate authorities if we believe that a patient might be a victim of abuse, neglect or domestic violence. We will make such disclosures only when we are compelled to do so by our ethical judgment, when specifically required to do so by law, or with the agreement of the patient in question.

Public health or national security: We may be required to disclose to state or federal authorities certain health information necessary for investigations relating to public health or national security. Such information could be important, for example, in efforts to control or prevent an epidemic, or to understand side effects of drug treatment or medical devices. As permitted or required by law, we may disclose your health information to law enforcement officials under certain limited circumstances, such as if you are a victim of a crime or in order to report a crime.

Family, friends and caregivers: After obtaining your permission, we may share your health information with persons that you designate to assist you with home hygiene, treatment, medications, or payment. In an emergency situation in which you are unable to tell us what you want, we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

Authorization to use or disclose health information: Other than stated above or as required by law, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

PATIENT RIGHTS:

By law, you have the following rights related to your health information:

Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences.

Confidential communications: You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through mailed communications that are sealed.

Inspect and Copy Your Health Information: You have the right to read, review and copy your health information- Including your complete chart, x-rays and billing records. If you would like a copy of your health information, please let us know.

Amend Your Health Information: You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you, as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change. Your request may be denied if the health information record in question was not created by our office, is not part of our records or if the records containing your health information are determined to be accurate and complete.

Documentation of Health Information: You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health operations. Our documentation procedures will enable us to provide information regarding health information usage from April 14, 2003 and afterwards. Please specify in writing the time period for which you are interested. Please limit your request to no more than six years at a time.

Request a Paper Copy of this Notice: You have the right to obtain a copy of this "Notice of Privacy Practices" directly from our office at any time. We are required by law to maintain the privacy of your health information and to provide to you or your representative with a copy of this "Notice of Privacy Practices". We are required to practice the policies and procedures described in this Notice, but reserve the right to change the terms of our Notice. If we change our privacy practices, we will ensure that our patients receive a copy of the revised Notice.

Complaints: If you believe that your privacy rights have been compromised, you have the right to express complaints to our staff at W. Todd Rogers Dental, or the federal government's Secretary of Health and Human Services. In fact, we encourage you to freely express any concerns that you may have regarding the privacy of your health information.

For further information, please contact W. Todd Rogers Dental at:

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