

HIPAA Privacy Notice

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Nothing is to be shared, unless given your consent. This notice was last reviewed on May 9th, 2016.

Federal law requires us to:

1. Make sure that medical information that identifies you is kept private
2. Give you this notice of our legal duties and privacy practices
3. Follow the terms of the notice that is currently in effect. If practices described in this notice meet your expectations, there is nothing you need to do. If you have any questions or would like further information about this notice, you can contact Dr. Nicholas Sigman, Privacy Official, at the address or number listed above.

How we may use and disclose medical information about you:

For Treatment:

We may use medical information about you to provide you with products or services. We may disclose medical information about you to other employees in order to coordinate the different and services we offer. We may also disclose medical information about you to people outside the facility who may be involved in your medical care, such as family members or others we use to provide services that are part of your care. We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care. (You may list names of people you do not want your information shared with, also list people who we may call.)

For Payment:

We may use and disclose medical information about you so that treatment, products and services you received from us may be billed to and payment may be collected from you, the insurance company, or a third party. For example, we may need to give your insurance company information about dental treatment you received from our office so your health plan will reimburse you for the services if needed. We may also tell your insurance company about a treatment or product you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Questions:

We may use and disclose medical information about you for facility operations. These uses and disclosures are necessary to run the office and make sure all of our patients receive quality care. For example, we may use medical information from a number of clients to review our products and services to see if we need to make changes, or to evaluate performance of our staff in caring for you.

Disclosure to Business Associates:

We may use and disclose medical information to our third-party service providers that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use a business associate to assist us in maintaining our practice management software. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

You always have rights to:

- Access and review any documentation.
- Amend
- Restrict use and disclosures
- Confidential communications, Alternative means and location
- Copy of this Notice
- Receive any notifications of any security breaches
- Special protections for HIV, Alcohol and substance abuse, mental health and genetic information

We reserve the right to change the terms of the Notice at any time. Any change will apply to the health information we have about you or create or receive in the future. We will promptly revise the Notice when there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this Notice. We will post the revised Notice on our website and in our office and will provide a copy of it to you on request.



[Once you have read and agreed to these terms please sign the HIPPA consent page.](#)

[The effective date of this Notice is 5/1/2016](#)

