

NOTICE OF PRIVACY PRACTICES FOR KATHERINE M. HAKES, DDS

This notice describes how your personal health information may be used and disclosed and how you may get access to this information. Please review it carefully.

Dr. Katherine M. Hakes respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnosis, treatment, health information from other providers, and billing and payment information related to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment and Health Operations:

For Treatment:

- Information obtained by Dr. Hakes, our hygienists, assistants, or other member of our health care team will be recorded in your dental/medical record and/or file and used to assist in determining what care may be right for you.
- We may also provide information to others providing you care. This will assist them in staying informed regarding your care.

For Payment:

- As a service to your, we submit your insurance forms to the respective companies. In return, we request payment from your health insurance plan. Health plans need information from us about your medical and dental care. Information provided to health plans may include your diagnosis; procedures performed, or recommended care, as well as verification of address and/or social security number.

For Health Care Operations:

- We use your dental/medical records to assess quality and improve services.
- We may use and disclose dental/medical to review the qualifications and performance of our health care providers to train our team.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services. (ie. Newsletters, “No Cavity Club”, recare cards, etc)
- We may request, at your consent, for promotion/marketing programs. Uses may include, but are not limited to, photography and other visual media, written or verbal testimony, and/or name.

- We may disclose, at your consent, your protected health information relating to study club/journals for the purpose of Continuing Dental Education. Uses may include, but are not limited to, charting, use of models, treatment recommendations, photography, discussion in dental or other related study clubs.
- We may use and disclose your information to conduct or arrange for services, including, but not limited to:
 - Dental/medical quality review by your health plan;
 - Accounting, legal, risk management, and insurance services;
 - Audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights

The health and billing records we create and store are the property of Katherine M. Hakes, DDS. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read and ask questions about this Notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us at our address of business. We are not required to grant the request. However, we will make efforts to comply with the written request(s).
- Request and receive from us a paper copy of the most recent and current Notice of Privacy Practices for Katherine M. Hakes, DDS (“Notice”).
- Request that you be allowed to see and get a copy of your protected health information. You must make this request in writing at our address of business. We have a form available for this type of request. A time will be allotted so our HIPAA Officer will be available for any concerns a patient may have and to notify you of any potential fees associated with the copying of your records.
- Have us review a denial of access to your protected health information – except in certain circumstances.
- Ask us to change your health information. You must provide us this request in writing at our address of business. You may write a statement of disagreement if your request is denied. It will be stored in your dental/medical record, and included with any release of your records.
- At your request, we will provide you a list of disclosures of your health information. The list will not include disclosures to third-party payors.
- Ask that your health information be given to you by another means or at another location. Please sign, date and provide us your request in writing at our address of business.
- Cancel prior authorizations to use or disclose health information by providing us a written revocation at our address of business. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For assistance with these rights during normal business hours, please contact:

Janet Lane, HIPAA Officer
5011 W. Lowell Rd., Suite 130
Spokane, WA 99208
509-464-3100
509-464-3200 (Fax)

Our Responsibilities:

We are required to:

- Keep your protected health information private.
- Provide you this Notice.
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent and current copy of this Notice by calling and asking for it or by visiting our office to obtain that copy.

To Ask for Help or Complain:

If you believe your privacy rights have been violated, you may discuss your concerns with any team member. You may also deliver a written complaint to Janet Lane at our office. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you file a complaint, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others:

- Unless you object, we may release health information about you to a family member or friend who is involved in your dental/medical care, (ie. leave a phone message either in person or via voice mail, mail a recare card, send an email, etc). We may also provide your information to someone who helps pay for your care, all or in part. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose this information. Objections must be made in writing to our address of business.

We may use and disclose your protected health information without your authorization as follows:

- **To Funderal Directors/Coroners** consistent with applicable laws to allow them to carry out their duties.
- **To Organ procurement Organizations (tissue donation and transplant)** or persons who obtain, store or transplant organs.
- **To the Food and Drug Administration (FDA)** relating to problems with food, supplements and products.
- **To comply with Worker’s Compensation Laws** – if you make a worker’s compensation claim.
- **For Public Health and Safety Purposes as Allowed or Required by Law:**
 - to prevent or reduce a serious, immediate threat to the health or safety of a person,
 - or the public,
 - to public health or legal authorities:
 - to protect public health and safety,
 - to prevent or control disease, injury or disability,
 - to report vital statistics such as births or deaths.
- **To Report Suspected Abuse or Neglect** to public authorities.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Law Enforcement Purposes** such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- **For Health and Safety Oversight Activities.** For example, we may share health information with the Department of Health.
- **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **For Work Related Conditions That Could Affect Employee Heath.** For example, an employer may ask us to assess health risks on a job site.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, we may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information:

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Web Site

- Information related to Protected Health Information can be obtained via our website. For your benefit, this Notice and the Acknowledgement Form will be made available.