



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

Snoqualmie Falls Dental is required by law to protect certain aspects of your health care information known as Protected Health Information or PHI and to provide you with this notice of privacy policy.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. At Snoqualmie Falls Dental we strictly meet or surpass all HIPAA guidelines.

Without specific written authorization, Snoqualmie Falls Dental may use PHI to use and disclose your health care records for the purposes of treatment, payment and health care operations as discussed below.

FOR TREATMENT: This includes providing, coordinating, or managing health care and related services by one or more health care providers. For example, we may need to share information with other providers or specialists involved in the continuation of your care.

FOR PAYMENT: This includes activities such as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we disclose treatment information when billing a dental plan for your dental services.

HEALTHCARE OPERATIONS: This includes business aspects of running our practice. For example, patient information may be used for training purposes, or quality assessment, within our own office.

Unless you request otherwise, we may use or disclose health information to a family member, friend, or other personal representative to the extent necessary to help with your health care or with payment for your health care. In addition, we may use your confidential information to remind you of appointments by sending reminder postcards and/or leaving messages at home and/or work. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

YOU HAVE THE RIGHT TO: Request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

Request to receive confidential communications of protected health information from us by alternative means or at alternative locations.



Access, inspect and copy your protected health information.

Request an amendment to your protected health information.

Receive an accounting of disclosures of protected health information outside of treatment, payment and health care operations.

Obtain a paper copy of this notice from us upon request.

This notice is effective as of January 19, 2009 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices, within HIPAA regulations and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated.

For more information about our Privacy Practices, please contact us:

Snoqualmie Falls Dental
8026 Douglas Ave SE, Ste. 200
Snoqualmie, WA 98065
425-831-1790
office@snoqualmiefallsdental.com

For more information about HIPAA or to file a complaint, please contact:

The U.S. Dept. of Health & Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington D.C. 20201
877.696.6775 (toll-free)