
Walter K. Murphy D.D.S. P.C.

Notice of Privacy Practices for Protected Health Information

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

Our practice collects and maintains confidential health information about you in order to provide appropriate treatment. Maintaining your privacy is a fundamental part of our practice. Your private health information, including symptoms, health history, examination findings, test results, surgical notes, diagnoses, treatment plan and billing documents, is protected by law. We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example.

Example of uses of your health information for treatment. We may use and disclose your health information for your treatment. For example, we may disclose pertinent test results to a specialist providing treatment to you.

Example of uses of your health information for payment. We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your medical health plan containing certain health information.

Example of uses of your health information for healthcare operations. We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include business planning and management, quality assessment and improvement activities, developing protocols and clinical guidelines, conducting training programs, and licensing and credentialing activities, legal services, auditing, medical review, and insurance.

Certain other disclosures and uses may be permitted by you or required by law and are listed below.

Notification. Unless you object, we may use or disclose your health information to notify, or assist in notifying, a family member, personal representative or other person responsible for your care, about your location, general condition, or your death.

Individuals Involved in Your Care or Payment for Your Care. We may disclose your health information to any family member, relative, close personal friend or any other individual identified by you when, using our best judgment or in the event of an emergency, it is relevant to that person's involvement in your care or in payment for such care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Disaster Relief. We may use or disclose your health information to assist in disaster relief efforts.

Required by Law. We may use or disclose your protected health information when we are required to do so by law.

Public Health Activities. We may disclose your protected health information for public health activities, including disclosures to:

- o Prevent or control disease, injury or disability;
- o Report child abuse or neglect;
- o Report reactions to medications or problems with products or devices;
- o Notify a person of a recall, repair, or replacement of products or devices;
- o Notify a person who may have been exposed to a disease or condition; or
- o Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Worker's Compensation. If you are seeking compensation through Worker's Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Worker's Compensation.

Law Enforcement. We may disclose your health information for law enforcement purposes as required by law, proper court order, in felony prosecutions, and to the extent you are in the custody of law enforcement.

Correctional Institutions. If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and the health and safety of others.

Health Oversight Activities. We may disclose your protected health information to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or in response to a subpoena or court order.

Coroners, Medical Examiners, and Funeral Directors. We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Other Uses. Other uses and disclosures besides those identified in this Notice will be made only as authorized by law or with your written consent which consent you may revoke as set forth below in Your Health Information Rights.

Your Health Information Rights

The health and billing records we maintain are the physical property of this practice; however, you have certain rights to the information they contain.

Access. You have the right, with limited exceptions, to look at or get copies of your health information by delivering a written request to our office. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting. You have the right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will NOT include internal uses of information for treatment, payment or operations, disclosures made to you or at your request, or disclosures made to family members, friends or patient representative involved in your care or payment of your care.

Right to Request a Restriction. You have the right to request a restriction on certain uses or disclosures of your health information by delivering a written request to our office. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to agree to your request, but if we do we will comply with that request. We are required to grant your request in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

Revocation of Authorizations. You have the right to revoke your previous authorizations regarding the use and disclosure of your health information except to the extent that the information was used or disclosed before you delivered a written revocation to our office.

Alternative Communication. You have the right to request that we communicate with you about your health information by alternative means or at alternative locations by delivering a written request to our office. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

Amendment. You have the right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office. We may deny your request under certain circumstances. If we deny your request for an amendment, you may file a statement of disagreement and require that we attach both the request for amendment and our denial to all future disclosures of your health information affected by the request for amendment. We are required to honor your request in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations and the information pertains solely to a health care item or services for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

Notification of a Breach. You have a right to notifications of breaches of your unsecured protected health information as required by law.

Review and Copy of This Notice. You have a right to review this Notice of Privacy Practices for Protected Health Information (Notice) before signing the consent authorizing use and disclosure of your protected health information for purposes of treatment, payment, and healthcare operations. You have a right to receive a paper copy of this Notice by making a request at our office. As long as we maintain a website, this Notice will be posted on it.

If you would like to exercise any of these rights, please contact our Privacy Officer during normal business hours at the contact information at the end of this notice. She will assist you in the steps you need to take to exercise these rights.

Questions and Complaints

If you want more information about our privacy practices, or have questions or concerns, please contact our Privacy Officer at the contact information below.

If you are concerned that we may have violated your privacy rights, you may file a written complaint at our office using the contact information listed at the end of this Notice. You also

may submit a written complaint by mail or email to the U.S. Department of Health and Human Services. Our Privacy Officer can provide you with that information 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.

Our Privacy Official: Donna Christian

Telephone: (804)746-1864 Fax: (804) 746 4158

Address: 7009 Lee Park Rd. Mechanicsville, VA 23111

E-mail: Hanoveroralsurg@aol.com

This Notice takes effect 9/23/2013 and will remain in effect until we replace it.

We reserve the right to change, add to or eliminate provisions in our privacy practices at any time. If our privacy practices change significantly, we will amend our Notice accordingly and copies of the new Notice will be available on request.

Acknowledgement of Receipt of Notice of Privacy Practices

Walter K. Murphy D.D.S. P.C.

Our Notice of Privacy Practices for Protected Health Information (the Notice) describes how our office may use and disclose your health information and how you can get access to that information. We encourage you to ask our staff if you have any questions about the information contained in the Notice. We reserve the right to modify the terms of the Notice as permitted by law. A paper copy of the current Notice may be obtained in person from our receptionist or by calling our office at (804) 746-1864.

Our office intends to use and disclose your health information as necessary for treatment, payment, and healthcare operations. Except as set forth in the Notice, we will not use or disclose your health information without first obtaining the written consent of you or your personal representative.

I, _____, have been provided with a copy of this office's Notice of Privacy Practices.

Disclosure to Family Members and Friends

I understand that this office may make disclosures to my family and friends related to my health as part of my current healthcare or to obtain payment for those services.

____ I authorize Walter K. Murphy D.D.S. P.C. to disclose my healthcare information to the following individuals: (include name, relationship to patient and birthdate)

1. _____
2. _____
3. _____
4. _____
5. _____

Or

____ I do not wish to have my healthcare information disclosed to anyone.

Patient Signature or Authorized Representative

____/____/____