

## **HIPPA Notice of Privacy Practices for the office of Dr. Daniel E. Cassidy, Jr.**

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

If you have any questions about this Notice, please contact Mrs. Jenny K. Cassidy RDH at 703.370.2333.

This Notice is effective as of 11/20/2014.

### **OUR COMMITTEMENT REGARDING YOUR PERSONAL HEALTH INFORMATION**

The dental office of Dr. Daniel E. Cassidy, Jr. is committed to maintaining and protecting the confidentiality of our employees' personal information. This Notice of Privacy Practices applies to Dr. Daniel E. Cassidy, Jr. and the Dental Plans of our patients. The Dental Plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards and practices. When the Dental Insurance Plans use or disclose your PHI, the Dental Insurance Plans are bound by the terms of this Notice, or the revised Notice, if applicable.

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

### **OUR OBLIGATIONS:**

We are required by law to:

- \*Maintain the privacy of protected health information
- \*Give you this notice of our legal duties and privacy practices regarding health information about you
- \*Follow the terms of our notice that is currently in effect

### **HOW WE MAY USE AND DISCLOSE DENTAL/HEALTH INFORMATION:**

The following describes the ways we may use and disclose dental/health information that identifies you (Dental/Health Information). Except for the purposes described below, we will use and disclose Dental/ Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

***For Treatment.*** We may use and disclose Dental/Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Dental/ Health Information to specialists, doctors, nurses, technicians, dental lab technicians or other personnel, including people outside our office, who are involved in your dental care and need the information to provide you with dental care.

***For Payment.*** We may use and disclose Dental/Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your dental health plan information about you so that they will pay for your treatment.

***For Health Care Operations.*** We may use and disclose Dental/Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the dental care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your dental health plan) for their health care operation activities.

***Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.*** We may use and disclose Dental/Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Dental/Health Information to tell you about treatment alternatives or dental health-related benefits and services that may be of interest to you.

***Individuals Involved in Your Care or Payment for Your Care.*** When appropriate, we may share Dental/Health Information with a person who is involved in your medical care or payment for your dental care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

### **SPECIAL SITUATIONS:**

***As Required by Law.*** We will disclose Dental/Health Information when required to do so by international, federal, state or local law.

***To Avert a Serious Threat to Health or Safety.*** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates.** We may disclose Dental/Health Information to our business associates 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 another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Military and Veterans.** If you are a member of the armed forces, we may release Dental/Health Information as required by military command authorities. We also may release Dental/Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** We may release Dental/Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose Dental/Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability, report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose Dental/Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Dental/Health Information in response to a court or administrative order. We also may disclose Dental/Health Information in response to a subpoena, or other lawful process by someone else involved in the dispute, but only if efforts have been made to you about the request to obtain an order, protecting the information requested.

**Coroners and Medical Examiners.** We may release Dental/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.

#### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly related to that person's involvement in your dental health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

#### **YOUR RIGHTS:**

You have the following rights regarding Dental/Health Information we have about you:

**Right to Inspect and Copy.** You have a right to inspect and copy Dental Health Information that may be used to make decisions about your care or payment for your care. This includes dental and billing records. To inspect and copy this Dental/Health Information, you must make your request, in writing, to Dr. Daniel E. Cassidy, Jr. We have up to 30 days to make your Protected Health Information available to you and we will charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed dental healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to an Electronic Copy of Electronic Dental/Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request. If it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic dental/medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend.** If you feel that Dental/Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request in writing to Dr. Daniel E. Cassidy, Jr.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Dental/Health Information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the Dental/Health Information we disclose to someone involved in your dental care or the payment for your dental care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Dr. Daniel E. Cassidy, Jr. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a dental health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a dental health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Out-of-Pocket Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your dental health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a dental health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about dental health matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communication, you must make your request, in writing, to Dr. Daniel E. Cassidy, Jr. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.drdancassidy.com](http://www.drdancassidy.com). To obtain a paper copy of this notice, at the office of Dr. Daniel E. Cassidy, Jr. 2835 Duke St., Alexandria, VA 22314.

#### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and make the new notice apply to Dental/Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Mrs. Jenny K. Cassidy, RDH at 703.370.2333. All complaints must be made in writing. You will not be penalized for filing a complaint.

You may contact our office at:  
Daniel E. Cassidy Jr., DDS  
2835 Duke St.  
Alexandria, VA 22314  
Office: 703.370.2333  
Fax: 703.751.4735

#### **ACKNOWLEDGEMENT OR RECEIPT**

I acknowledge that I have read Dr. Daniel E. Cassidy, Jr.'s Notice of Privacy Practices, and may receive a copy upon request.

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

