

**BRUNNER PRAST FAMILY DENTAL
PATIENT HIPAA CONSENT FORM**

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment to other healthcare providers involved in my treatment.
- Obtaining payment from third party payers (e.g. my insurance company);
- The day-to-day healthcare operations of your practice

I request that all communications to me regarding appointments to be handled in the following manner:

E-Mail Reminders? (Please list email) _____

Text Reminders? (Please list phone number) _____

May we leave a message on an answering machine? _____

May we leave a message with a family member? _____

May we call you at work? _____ Phone Number _____

I give permission for the practice to discuss my treatment and/or financial information with: my spouse _____ parent/guardian _____

I have also been informed of and given the right to review and secure a copy of your *Notice of Privacy Practices*, which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment on health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Date _____

Print Patient Name _____

Signature of Patient or Representative _____

Relationship to patient (if other than patient) _____

Witness (Practice Representative) _____

Brunner Prast Family Dental

NOTICE OF PRIVACY PRACTICES Effective: September 23, 2013

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

Brunner Prast Family Dental is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. References to "Brunner Prast Family Dental," "we," "us," and "our" refer to Brunner Prast Family Dental. for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). Brunner Prast Family Dental, its employees, and workforce members are involved in providing and coordinating health care and are all bound to follow the terms of this Notice of Privacy Practices ("Notice"). Brunner Prast Family Dental may share PHI between offices for the treatment, payment and health care operations of the covered entity and as permitted by HIPAA and this Notice. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care products and services to you or payment for such services. This Notice describes how we may use and disclose PHI about you, as well as how you obtain access to such PHI. This Notice also describes your rights with respect to your PHI. We are required by HIPAA to provide this Notice to you. Brunner Prast Family Dental is required to follow the terms of this Notice or any change to it that is in effect. We reserve the right to change our practices and this Notice at any time and to make the new Notice effective for all PHI we maintain. If we do so, the updated Notice will be posted on our website and will be available at our facilities and locations where you receive health care products and services, or summarized at said locations. Upon request, we will provide any revised Notice to you.

WHO WILL FOLLOW THIS NOTICE This Notice describes our practice and that of: · Any health care professional authorized to enter information into your office chart; · All department and units of this office practice; · Any member of a volunteer group we allow to help you while you are in the office; · Any medical student, intern, resident or fellow that we allow to help you while you are in the office; · Any representative of an insurance carrier, managed care organization, clinical research organization, data analysis organization that is participating in a review of your medical care; · All employees, staff and other office personnel, and; · All other entities, sites and locations where the health care professionals in this office practice and follow terms of this Notice. In addition, these entities, sites and locations may share PHI with each other for treatment, payment or operations purposes as described in this Notice.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION We understand that PHI about you and your health is personal. We are committed to protecting PHI about you. We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the office. This Notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to: · Make sure that PHI that identifies you is kept private, in accordance with applicable law; · Give you this Notice of our legal duties and privacy practices with respect to PHI about you, and · Follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU The following categories describe different ways that we use and disclose PHI. We have provided you with examples in certain categories; however, not every permissible use or disclosure will be listed in this Notice. **1. Treatment** – We may use and disclose your PHI to provide, coordinate and manage the treatment, medications and services you receive. For example, we may disclose your PHI to doctors, nurses, technicians, clinical supervisors, or other personnel and team members who are involved in your care. We may also disclose your PHI with other third parties, such as hospitals, and other health care providers, facilities and agencies to facilitate the provision of health care services, medications, and supplies you may need. This helps to coordinate your care and make sure that everyone who is involved in your care has the information that they need about you to meet your health care needs. Different office locations may share PHI about you in order to coordinate your care. We may also disclose PHI about you to people outside the office who may be involved in your medical care after you leave the office, such as family members, other physicians involved in your care, or others we use to provide services that are part of your care. **2 Payment** – We may use and disclose your PHI in order to obtain payment for the health care products and services that we provide to you and for other payment activities related to the services that we provide. We may use and disclose PHI about you so that treatment and services you receive at our facilities may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to give your PHI about the services you received at our facilities so that your health plan will pay us or reimburse you for the services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We will bill you or a third-party payor for the cost of health care products and services we provide to you. The information on or accompanying the bill may include information that identifies you, as well as information about the services that were provided to you or the medications you are taking. We may also disclose your PHI to other health care providers or HIPAA covered entities that may need it for their payment activities. **3. Health Care Operations** – We may use and disclose PHI about you for health care operations. These uses and disclosures are necessary for us to operate our health care business and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many office patients to decide what additional services the office should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other office personnel for review and learning purposes. We may also combine the PHI we have with PHI from other offices to compare how we are doing and see where we can make improvements in the care and services that we offer. We may review information that identifies you from this set of PHI so others may use it to study health care delivery without learning who the specific patients are. **4. Appointment Reminders** - We may call or write to remind you of appointments, or that it is time to make a routine

appointment. We may send you written correspondence and leave you messages on your answering machine, voicemail, or with an individual that answers the phone if you are not home. We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

We may also disclose PHI in the course of providing feedback regarding questions you asked or test results. We may also use and disclose your PHI without your prior authorization for the following purposes:

Business Associates – We may contract with third parties to perform certain services for us, such as billing services, copy services or consulting services, among others. These third party service providers, referred to as Business Associates, may need to access your PHI to perform services for us. They are required by contract and law to protect your PHI and only use and disclose it as necessary to perform their services for us.

As Required By Law – We will disclose your PHI when required to do so by federal, state or local law. We may also make disclosures to the Secretary of the Department of Health and Human Services, if so required.

Individuals Involved in Your Care or Payment of Your Care – We may release PHI about you to a friend, family member, personal representative, or another person who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends about your condition or procedures. Additionally, we may disclose PHI to your "personal representative." If a person has the authority by law to make health care decisions for you, we will generally regard that person as your "personal representative" and treat him or her the same way we would treat you with respect to your PHI.

To Avert a Serious Threat to Health or Safety – We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Organ and Tissue Donation – If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to any organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans - If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to appropriate foreign military authority. If you are a member of the armed forces, we may disclose PHI about you to the Department of Veterans Affairs upon your separation or discharge from military services. This disclosure is necessary for the Department of Veterans Affairs to determine whether you are eligible for certain benefits.

Worker's Compensation – To the extent necessary to comply with law, we may disclose your PHI to worker's compensation or other similar programs established by law.

Public Health Risks – We may disclose your PHI for public health activities to public health or legal authorities charged with preventing or controlling disease, injury, or disability, reporting child abuse or neglect, reactions to medications or problems with products, notifying people of recalls of products, notifying a person who may be exposed to a disease or may be at risk for contracting or spreading a disease or condition, notifying the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. In certain circumstances, we may also report work-related illnesses and injuries to employers for workplace safety purposes.

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

Lawsuits, Administrative Proceedings, and Disputes – If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the requested information.

Law Enforcement - We may disclose your PHI for law enforcement purposes as required or permitted by law. For example, we may disclose your PHI in response to a subpoena or court order, in response to a request from law enforcement, and to report limited information in certain circumstances.

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

Disaster Relief – We may use and disclose your PHI to organizations for purposes of disaster relief efforts.

Correctional Institution – If you are an inmate of a correctional institution or under custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Food and Drug Administration ("FDA") – We may disclose to persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Victims of Abuse or Neglect - We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

Uses and Disclosures that Require Your Prior Authorization Specific Uses or Disclosures Requiring Authorization – We will obtain your written authorization for the use or disclosure of psychotherapy notes (if ever received by our office), use or disclosure of PHI for marketing, and for the sale of PHI, except in limited circumstances where applicable law allows such uses or disclosure without your authorization.

Other Uses and Disclosures – We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Your Rights Regarding PHI: You have the following rights regarding PHI we maintain about you:

Right to Inspect and Copy – With a few exceptions, you have the right to access and obtain a copy of the PHI that we maintain about you. If we maintain an electronic health record containing your PHI, you have the right to request to obtain the PHI in an electronic format. To inspect or obtain a copy of your PHI, **you must send a written request** to the Practice Administrator. You may ask us to send a copy of your PHI to other individuals or entities that you designate. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. If you request an electronic copy of PHI that is maintained electronically, we will provide you with access to the electronic information in the electronic form and format requested by you, if it is readily producible, or, if not, in a readable electronic form and format as we mutually agree. If we cannot mutually agree on the electronic form and format that we are able to produce, we may provide you with a hard copy or PDF copy. If you request a copy of the information, we may charge a fee as permitted by state law for the costs of copying, mailing or other supplies associated with your request.

Right to Amend – If you feel that PHI we have about you 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 the office. To request an amendment, your request must be made in writing and submitted to the Practice Administrator. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us for an amendment that: Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; Is not part of the PHI kept by or for the office or Is not part of the information which you would be permitted to inspect and copy.

Right to an Accounting of Disclosures – With the exception of certain disclosures, you have a right to receive a list of the disclosures we have made of your PHI, in the six (6) years prior to the date of your request, to entities or individuals other than you. To request an accounting, you must submit a request in writing to the Practice administrator. Your request must specify a time period.

Right to Request Restrictions on certain uses and disclosures of PHI – You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the Practice Administrator. ***We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or a person on your behalf, has paid in full.***

Request communications of PHI by alternative means or at alternative locations – You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, you may request that we contact you at a different residence or post office box, or via e-mail or other electronic means. Please note if you choose to receive communications from us via e-mail or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our emails to you will not be encrypted. This means that there is risk that your PHI in the e-mails may be intercepted and read by, or disclosed to, unauthorized third parties. **To request confidential communication of your PHI, you must submit a request in writing to the Practice Administrator. Your request must tell us how or where you would like to be contacted. 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.**

Rights to a Paper Copy of This Notice – You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at the site where you obtain health care services from us or by contacting the Practice Administrator. You may obtain a copy of this Notice at our web site: <http://www.brunnerprastdental.com>. To obtain a paper copy of this Notice, contact an available staff member.

Breach Notification – You have a right to be notified in the event of a breach of your unsecured PHI, and we will notify you in accordance with applicable law.

CHANGES TO THIS NOTICE We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the office. In addition, each time you register at or are seen at the office for treatment or health care services as an outpatient, you may request a copy of the Notice that is in effect.

COMPLAINTS If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

If you have any questions or to file a complaint with the office, contact: Ms. Connie Tolfree, Privacy Officer 315 South Howell Street, Pinckney, MI 48169 Telephone: (734) 878-3167 (734)878-3168. You will not be penalized for filing a complaint.

OTHER USES OF PROTECTED HEALTH INFORMATION Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.