

# NOTICE OF PRIVACY PRACTICES

**“This notice describes how dental and medical history information about you may be used and disclosed and how you can get access to this information. Please review it carefully.”**

Beginning **April 14, 2003** patients are encouraged to read this notice and  
A record of acknowledgement will be placed in your record.

## The Right to a Copy of the Notice

The patient has a right to receive this notice upon request.  
This notice is posted through binder format in the reception area.  
A written copy in English is available.

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**Ostrem Dental** is required by law to maintain the privacy of protected health information and in the content of this notice fulfills its legal duties.

This establishment further provides that it is in compliance with the regulations *dispensed* by the department of Health and Hospitals required by HIPAA through its administration policies.

**Ostrem Dental** has the right to make changes in this notice.

Any changes will be denoted within this notice by printing/publishing the most recent date of changes along with each date prior.

All changes will be prospective only, not retroactive.

The current notice is active when a patient is admitted into the office for care.

This notice will be displayed at all times in a binder form available in the reception area.

A wall notice will notify patients that notice is in reception areas.

**Ostrem Dental** has the responsibility to retain copies of all notices it has issued.

**Ostrem Dental** will enter into business arrangements with legally separate covered entities that comply with the requirements of this notice. These separate entities include insurance companies, temporary staffing agencies, consultants, and computer support. This list may extend to include other associates.

## Uses of Dental Information and Medical History Information

### **I. For Treatment**

#### A. Technical Division:

Doctors, Dental Assistants, Dental Hygienists, Dental Laboratory Technicians, and Outside Dental Laboratories

Requires access to dental information and patient's medical history in order to perform the functions required during treatment, diagnosis, and treatment planning.

### **II. For Payment**

#### A. Finance Division

Employees will access dental and medical records, as well as other information, pertinent to fulfilling the responsibilities of posting treatment rendered, billing, financial arrangements and treatment plans.

### **III. For Health Care Operations**

- Information about the patient used in order to review treatment and services.
- To evaluate the performance of the staff.

- Information that is shared with other providers such as orthodontist, periodontist, or oral surgeon.
- A. Administrative Assistants:  
Has duties relating to filing of charts.
  - B. Receptionist:  
Collection of information.
    1. Responsible for updating patient information and medical history to keep records current.
    2. New patient information.
    3. Handles mail out of requested information.
    4. Responsible for typing and mailing Thank You letters, Welcome letters, No Cavity letters, and doctor correspondence.
    5. Maintaining Sign in Sheet and Record.
  - C. Schedulers:
    1. Review of medical history for possible modification of dental txt. and prophylactic antibiotics.
    2. Medical conditions that require a letter from patient's physician for approval to render dental txt.
    3. Use of reminder cards for mailing with next appointment time on a post card format.
    4. Access of managerial reports in regards to hygiene visits and treatment in the performance of duties.
    5. Posting of Appointment Schedules in office
  - D. Miscellaneous:  
Under the authorization of **Ostrem Dental** to complete special projects, the appropriate staff will have access to patient information.

## Patient Rights

### Right to Inspect and Copy

The patient has the right to inspect his/her dental record. The Patient has the right to copies of the dental record. A fee may be charged for the costs of copying, mailing, and other supplies related with the request of the patient.

## State Practice Act

### Patient Records

37:757

- A. Any dentist licensed to practice in this state shall keep a written record of any dental treatment for a patient, including each service performed, the amount charged for the service, and by whom the bill for the service was paid, whether by the patient or by the patient's representative or insurer.
- B. The dentist shall maintain and preserve the dental treatment records in conformity with R.S. 40:1299.96.

### Patient Records

Rule 27

- A. Upon written request from the patient or the patient's legal representative, each dentist shall furnish a copy of any of the patient's dental records maintained in the dentist's office within 15 days, exclusive of holidays or weekends, from the receipt of the request.
  - B. The original dental records are the property of the dentist. However, the dentist may charge a reasonable copying charge not to exceed.
    - 1) \$1 per page for the first 25 pages;
    - 2) \$.50 per page for pages 26-500; and
    - 3) \$.25 per page there after
- 1) A handling charge not to exceed \$5 and actual postage may also be charged.
  - 2) The dentist may also charge a reasonable fee for duplication of diagnostic materials.

#### AUTHORITY NOTE:

Promulgated in accordance with R.S. 37:760(8) and R.S. 40:1299.96.

#### HISTORICAL NOTE:

Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR.

All Requests to inspect dental record must be in writing and addressed to the following:

Privacy Officer, HIPAA  
C/O **Justin T Ostrem, DDS**  
**9655 Schmidt Lake Rd**  
**Plymouth, MN 55442**

### **Right to Amend**

A patient has the right to request that information within the chart be amended should the patient feel the information is incorrect or incomplete.

Only information kept by the provider, or which originates from the provider may be amended.

Requests may be denied if the request seeks to amend information:

- Not created by the provider and the person or entity who created the information is no longer available to make the amendment.
- Is not part of the dental medical information kept by or for the provider.
- Is not part of the information, which would be permitted to be inspected.
- Is accurate and complete.

A request must state a reason given in support of request.

A request must be in writing and mailed to the following address:

Privacy Officer, HIPAA  
C/O **Justin T Ostrem, DDS**  
**9655 Schmidt Lake Rd**  
**Plymouth, MN 55442**

In the event of a denial of a request to amend, the patient may seek an appeal. The appeal must be in writing and must state a reason in support of appeal to amend.

Request to appeal should be mailed to the following address:

Quality Control/Office Manager, HIPAA  
C/O **Justin T Ostrem, DDS**  
**9655 Schmidt Lake Rd**  
**Plymouth, MN 55442**

It is possible that request to appeal may also be denied.

### **The Right to Accounting Associates**

The right to an accounting of disclosures is essentially a list of the disclosures that have been made about dental and medical health history concerning the patient, with certain exceptions.

Exceptions to the right to receive on accounting of disclosures of PHI (Protected Health Information) made.

- 1) To carry out treatment, payment, and health care operations
- 2) To individuals who requested their personal PHI.
- 3) For national security or intelligence purposes.
- 4) To correctional institutions or law enforcement officials.
- 5) Incident to a use or disclosure otherwise permitted or required.
- 6) Pursuant to an authorization.
- 7) As part of a limited data set.
- 8) Prior to the compliance data.

To request a list of accounting disclosures the patient must submit the request in writing to:

Privacy Officer, HIPAA  
C/O **Justin T Ostrem, DDS**  
**9655 Schmidt Lake Rd**  
**Plymouth, MN 55442**

The request cannot be made for a time period prior to April 14, 2003, and cannot exceed a time period of 6 years.

The list of disclosures may be given to the Patient in either a paper form or electronically format.

The first list for a twelve-month period is provided at no charge. Additional lists will be provided to the patient a charge of \$5.00 per month with a minimum charge of \$35.00

Should a patient not wish to pay the charge, the request can be withdrawn or the request can be modified before the costs are incurred.

### **The Right to Request Restrictions**

The patient has the right to request a restriction or limitation of dental information/ medical history information disclosed about the patient.

The patient has a right to request a limit regarding disclosure of his health care information to certain individuals such as family and friends. The request must be made in writing and mailed to the following individual:

Privacy Officer, HIPAA  
C/O **Justin T Ostrem, DDS**  
**9655 Schmidt Lake Rd**  
**Plymouth, MN 55442**

The request can be denied. If **Ostrem Dental**, does agree to the request, the request will begin on date assigned by Privacy officer.

The written request must contain the following information:

- 1) What information the patient wants to limit.
- 2) Whether patient wants to limit the use or disclosure or both of the information.
- 3) To whom the limits apply, for example, to a mother, father, brother, sister, or spouse.
- 4) The right to request communication of PHI in a certain way or in certain location.

This request must be made in writing to:

Privacy Officer, HIPAA  
C/O **Justin T Ostrem, DDS**  
**9655 Schmidt Lake Rd**  
**Plymouth, MN 55442**

An effort will made to accommodate all reasonable requests. The request should contain information definitely specific to how and where the patient will be contacted.

### **Right to a Copy of the Notice**

A patient had the right to request a paper copy of this notice. Electronic copy is only available should R.D.W. have a website. A website at this time does not exist. A patient may request a copy of this notice from the receptionist.

### **Right to Revoke Permission**

The patient has the right to revoke permission of the use of protected health information at any time. The request must be granted. However, the provider will not be able to take back disclosures already made and the provider is required to maintain records of care they provide to the patient. Should the patient refuse to allow their information to be disclosed for treatment, payment, and health care operations, **Ostrem Dental** can refuse to continue providing treatment. Note that this does not include the refusal to sign an authorization, A patient may refuse to sign an authorization and still receive dental care.

### **The Right to Complain**

The patient has the right to file a complaint in writing to this establishment by addressing it to:

C/O **Justin T Ostrem, DDS**  
**9655 Schmidt Lake Rd**  
**Plymouth, MN 55442**

And/or the U.S. Department of Health and Hospitals. The patient will not be penalized in any way by the provider for filing a complaint.

### **Exceptions to the Privacy Rule and Notice**

In connection with the advice given to patients regarding how their information will be used or disclosed, there are certain exceptions to disclosure that do not require the patient's consent. This notice ought to advise the patient of these exceptions. These exceptions are as follows:

1. Military and Veterans

If the patient is a member of the armed forces, the provider may release medical/ dental information about the patient as required by the military. Medical/dental information about foreign military personnel may also be given to foreign military authorities.

2. Workers' Compensation

Medical information may be released about the patient for workers' compensation or similar programs.

3. Public Health Risks

Information about the patient may be used for public health activities. These include the following:

- c. Prevention or controlling of disease, injury, or disability;
- d. To report births and deaths;
- e. To report child abuse or neglect;
- f. To report reactions to medications or problems with products;
- g. To notify people of recalls of products they may be using;
- h. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition;
- i. To notify the appropriate government authority if a patient has been the victim of abuse, neglect, or domestic violence. This will be given if the patient agrees or if required or authorized by law.

4. Health Oversight Activities

The provider will disclose medical information to a health oversight agency when authorized by law. These activities include, by way of example, audits, investigations, inspections, and licensure.

5. Lawsuits and Dispute

If the patient is involved in a lawsuit or a dispute, the provider may disclose medical information about the patient in response to a court or administrative order. Information may also be disclosed in response to a subpoena, a discovery request, or some other lawful process. In connection with these, state law or federal law regarding the issuance of subpoenas or the issuance of health care information will be followed because they will be more restrictive than federal law.

6. Law Enforcement

Medical information about the patient may be given to law enforcement official in the following situations:

- a. In response to a court order, subpoena, warrant, summons, or similar process;
- b. To identify or locate a suspect, fugitive, material witness, or missing person;
- c. About the victim of a crime. If, under limited circumstances, the provider is unable to obtain the persons' agreement;
- d. About a death believed to be the result of criminal conduct;
- e. About criminal conduct in relation to the provider;
- f. In emergency circumstances in the reporting of a crime, or the identity, description, or location of a person who committed the crime.

7. Coroners, Medical Examiners, and Funeral Directors

Information may be released to a coroner or medical examiner. This may be done in order to identify someone who has died or to determine the cause of death. Also, medical information about the patients can be given to funeral directors as necessary to carry out the funeral director's duties.

8. National Security and Intelligence Activities

Information may be released about the patient to authorized federal officers or intelligence, counter-intelligence, or other national security activities authorized by law.

9. Protective Services for the President and Others

Information about the patient may be given to federal officials that they may provide protection to the United States President or other authorized persons or foreign heads of state or to conduct special investigations.

10. Inmates

If the patient is an inmate of a correctional institution or under the custody of a law enforcement officer, medical information about the patient will be released to the correctional institution or law enforcement official.

