



Notice of Privacy Practices - Our Promise to You and Our Legal Obligations

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. This notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. You may request a copy of this notice at any time.

The following examples describe different ways we may use or disclose your health information.

We are permitted by law to use and disclose your health information for the following purposes:

Treatment: We may use and disclose your health information to a physician or other health care professionals involved in your care.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Health Care Operations: We may use and disclose health information about you in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.

Disclosure to Family Members and Friends: We may disclose your health information to a family member or friend who is involved with your care or payment for your care if you do not object or, if you are not present, we believe it is in your best interest to do so.

Appointment Reminders: We may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, phone call, voice message, text or email.

Required by Law: We may use or disclose your health information when it is required by law to do so.

Abuse, Neglect or Domestic Violence: We may disclose health information to the appropriate government authority about a patient whom we believe is a victim of abuse, neglect or domestic violence.

Patient Rights

Right to Access and Review: You may request to access and review a copy of your health information. We may deny your request under certain circumstances. You will receive written notice of a denial and can appeal it. We will provide a copy of your health information in a format you request if it is readily producible. If not readily producible, we will provide it in a hard copy format or other format that is mutually agreeable. If your health information is included in an Electronic Health Record, you have the right to obtain a copy of it in an electronic format and to direct us to send it to the person or entity you designate in an electronic format. We may charge a reasonable fee to cover our cost to provide you with copies of your health information.

Accounting Disclosures: You have a right to receive an accounting of disclosures of your health information for the six (6) years prior to the date that the accounting is requested except for disclosures to carry out treatment, collect payment, or health care operations. We may charge a reasonable fee to cover the cost for each subsequent request.

Right to Amend: You have the right to request that we amend your information. Your request must be done in writing. We may deny your request under certain circumstances.

Right to Restrict: You may request that we restrict uses of your health information. We are not required to agree to your requested restrictions, but if we do, we will abide by our agreement (except in an emergency).

Right to Confidential Communications, Alternative Means: You may request to receive communications of health information by alternative means or at an alternative location. You must submit a written request to our office. You will need to provide an alternative method of contact or alternative address and indicate how payment for services will be handled.

Our Right to Change Our Privacy Practices and This Notice

We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future.

How to Make Privacy Complaints

If you have any complaints about your privacy rights or how your health information has been used or disclosed, please contact our office. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We support your right to the privacy of your health information and will not retaliate against you in any way if you choose to file a complaint.

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