Bella Vista Dental, LLC
Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you may obtain access to this information.

Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal information.

Bella Vista Dental, LLC makes every effort to ensure your health information is private. We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

ROUTINE USES AND DISCLOSURES OF YOUR HEALTH RECORD

- Treatment: We may use medical information about you to provide, coordinate and manage your treatment or services. An example of this would include teeth cleaning services. Various units may share information about you to coordinate your needs such as lab work and prescriptions. Your record may be sent to a doctor to whom you have referred. You may plan for a friend or relative to pick you up after a procedure. A doctor or employee may believe it is in your best interest to tell your friend or relative what drug you must take that night and what will speed your recovery at home.
- Payment: We use and release health information so that treatment and services you receive may be billed to and payment collected from you, an insurance company, or a third party. We also may call your dental insurance for preapproval of a service. We may give dental plan details about your treatment in order for reimbursement to us or you. If someone else is responsible for you payment, we will contact that person.
- Health Care Operations: We may use and release your record to support our business functions (for example, administrative, legal, financial activities). These uses and disclosures are imperative to operate the practice, support treatment and payment, and help patients receive the highest degree of excellence in dentistry. Activities may include measuring quality, reviewing employee performance and training.

  Here is how your dental records may be used for business operations:
  - We may call to remind you about or confirm an appointment, give you information regarding treatment alternatives or other health related benefits and services that may be of interest to you.
  - We may use health information to review our treatment and services.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer.

- The right to reasonable requests to receive confidential communications of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

- The right to inspect and copy your protected health information.

- The right to amend your protected health information.

- The right to receive an accounting of disclosures of protected health information.

- The right to obtain a paper copy of this notice from us upon request.

- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

❖ Business Associates

- Business associates of Bella Vista Dental, LLC provide some services related to business operations. We have a written contract that requires associates to protect your record in the course of performing their job. Ex: Attorneys, Cleaning services, Schedule Confirmation Services.

SPECIAL USES AND DISCLOSURES OF YOUR HEALTH RECORD

❖ Emergencies: We may use or release your health information during emergencies

❖ Communication Barriers: We may use or release your health information if we try to get your consent but cannot because of major communication barriers and the doctor or staff decides that you intend to consent to use or release of such information.

❖ Worker's Compensation: We may release information about you to comply with worker's compensation laws or similar programs.

❖ Legal Proceedings: We may release health information about you for the following reasons: Court or Administrative order, Subpoena, or other legal process.

- Legal Requirements: We will give out medical information about you when required to do so by federal, state, or local law.
- Public Health Risks: We may release information about you to local, state, or federal public health agencies (such as the Food and Drug Administration and the Department of Health and Environmental Control) for reasons such as:

  To prevent or control disease, injury, or disability

  To report adverse events, such as drug reactions

  To notify a person who may have been exposed to a disease

  To alert a government agent if we believe a patient is the victim of abuse, neglect, or domestic violence

- Military, Veterans, and National Security: if you are a member of the armed forces, we may release information about you as required by military authorities.

- Law Enforcement: We may release your health information to a law enforcement official: In response to a court order, subpoena, warrant summons, or similar legal process. In response to criminal conduct at this facility. In an emergency to report a crime: the location of a crime or the identity, description, or location of the person who committed the crime.

- Amend: Should you believe that information we have about you is incorrect or incomplete, you may ask us to modify or add the information. You have the right to request a change or addition as long as the record is kept by Bella Vista Dental, LLC. We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny a request to modify medical record in these cases:
  - The current information is accurate and complete.
  - It is not part of the medical information kept by Bella Vista Dental, LLC
  - The record was not created by us.

If we deny this request you have the right to file a statement of disagreement. We may then prepare a rebuttal and provide you with a copy.

- Accounting of Disclosures: You have the right to request an "accounting of disclosures," a list of disclosures made about you other than treatment, payment or business operations.

Request this list by writing to Bella Vista Dental, LLC, P.O. Box 31625 Greenville, S.C. 29608. Your request may state a period of time, which may not be longer than six years and may not include a date before April 1, 2015.

The first list you request within a 12 month period will be free. Additional lists may involve a charge. We will notify you of the cost, and you may cancel or adjust your request before any fees are incurred.

- Request Restrictions: You have the right to request that we limit information we use or give out about you for treatment, payment, or business operations. You also have the right to request a limit on what we release to someone involved in your care or payment for your care, such as a family member. For example, you could ask that we not use or give out information about a treatment that you had to your family.

  We are not required to agree to your request! If we do agree, we will comply with your request unless the material is needed for emergency treatment. To request restrictions, submit a Restriction of Information agreement form to Bella Vista Dental, LLC, P.O. Box 31625, Greenville, SC 29608. Please state (1) what you want to limit (2) if you want to limit use, release, or both (3) to whom the limits should apply, for example disclosures to your family.

- Request Confidential Communications: You have the right to request that we interact with you about medical matter in a certain way or place. For example, you can ask that we contact you only by mail or only at work.

  To request confidential communications, submit a Restriction of Information Agreement Form to Bella Vista Dental, LLC, P.O. Box 31625, Greenville, SC 29608. We will try to meet all reasonable requests. You must state how or where you wish to be contacted.

- Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time. For a copy, call Bella Vista Dental, LLC at (864) 501-0070 or request a copy by coming in.

- Complaints: Should you believe that your privacy has been violated, you may file a complaint with Bella Vista Dental, LLC or with the Secretary of the Department of Health and Human Services. To file a complaint, call the Practice Administrator of Bella Vista Dental, LLC at (864) 501-0070 or contact the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201.

- Other Uses: Other uses and disclosures of medical information covered by this Notice or relevant laws will be made only with your written consent. If you allow us to use or release health information about you, you may cancel that consent, in writing, at any time. If you revoke it, we will no longer use or release information for the reasons covered by your written consent. Note: We cannot take back disclosures already made with your consent.