



Notice of Privacy Practices

THIS DOCUMENT DESCRIBES HOW WE AT CHAPEL HILL PERIODONTICS AND IMPLANTS (CHPI) MAY USE AND DISCLOSE MEDICAL AND FINANCIAL INFORMATION ABOUT YOU (PROTECTED HEALTH INFORMATION - PHI) THAT IS IN OUR POSSESSION. IT ALSO DESCRIBES HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

We may change our privacy practices at any time as allowed by state and federal law. If we make a material change in those practices, we will amend this Notice and make the new Notice available on request. To request a copy of our Notice or for more information, please contact us using the information at the end of this notice. Please review this notice carefully.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS: Federal law does not require us to obtain consent to use or disclose your PHI for treatment, payment and health care operations. For example, we may use or disclose your PHI to another health care professional to provide treatment to you. We may use or disclose your PHI to obtain payment for services we provide to you or to determine eligibility or coverage for services. For example, we may disclose your PHI to your dental insurance carrier. We may also use your PHI in connection with performance and operation of CHPI. This includes quality assessment, licensure and credentialing activities, training, audits, legal services, administrative services, case management and care coordination, among other similar activities.

USES PURSUANT TO AN AUTHORIZATION: As permitted by federal and state law, we may disclose your PHI with your consent. You may generally revoke your consent in writing at any time to the extent we have not already relied on that consent. It is understood that such consent may authorize the release of information to which you have not had access or to information that has not been generated at the time of the execution of the release.

FURTHER DISCLOSURES: Federal and state law do not require patient consent for certain disclosures. Those include, but are not limited to:

A. Child abuse: We must report to the local Department of Social Services information that leads us to reasonably suspect child abuse or neglect. We must also comply with a request from the Director of the Department of Social Services to release records relating to a child abuse or neglect investigation.

B. Adult abuse: We must report to the local Department of Social Services information that leads us to reasonably suspect that a disabled adult is in need of protective services.

C. Judicial/Administrative Proceedings: We must comply with an appropriately issued court order or subpoena requiring that we release your PHI.

D. Serious Threat to Health or Safety: We may disclose your PHI to protect you or others from a serious threat of harm.

E. Worker's Compensation: Under certain circumstances, we may disclose your PHI in connection with a Worker's Compensation claim that you have filed.

F. As Required by Law: There may be instances where either federal or state law requires that we release your PHI.

G. Appointment Reminders: We may also use your PHI to remind you about appointments or to provide you information concerning rescheduling your appointment.

H. Family Members Involved in Your Care or in Payment for Your Care: We may disclose your PHI to a person to the extent necessary to help with your health care or with the payment for your health care as permitted by law.

I. Sale of PHI: We may disclose your PHI in a transaction that will result in remuneration to us only as allowed by applicable law.

EXCEPT AS PERMITTED BY APPLICABLE LAW AND EXCEPT AS DESCRIBED HEREIN, OTHER DISCLOSURES OF YOUR PHI REQUIRE YOUR CONSENT.

PATIENT RIGHTS

A. You have a right to request restrictions on certain uses and disclosures of PHI; however, federal law does not require that we comply with all requests. You can request and receive confidential communications of PHI by specified means and at alternative locations.

B. If you, your family member, or other person pays out of pocket in full for a service or product that we provide, we must honor your request to restrict disclosures to a health plan concerning those services or products. The term "health plan" includes your dental insurance carrier.

C. You may inspect or obtain a copy of PHI in certain circumstances. If we deny you that right, you may have this decision reviewed. We will answer your questions concerning the details of the reviewing process.

D. You may request an amendment of PHI so long as we maintain that PHI in our records. Federal law does not require us to agree to each such request. We will answer your questions about the amendment process.

E. You have a right to receive an accounting of most disclosures of PHI for which you have not provided consent. We will answer your questions concerning the accounting process.

F. You have a right to obtain a paper copy of this notice from us upon request, even if you have received this notice electronically.

G. You have the right to be notified following a breach of unsecured PHI as required by applicable law.

OUR DUTIES

A. We have the obligation to maintain the privacy of your PHI as required by federal and state law.

B. We must provide you with notice of our legal duties regarding your PHI and our privacy practice.

C. We must abide by the terms of the Notice currently in effect.

QUESTIONS: If you have questions about this notice, disagree with a decision we make about access to your PHI or have other concerns, contact Misty London at (919) 968-1778. You may also file a complaint with the Secretary of the US Department of Health and Human Services. We can provide you with that address. You have the right to be free from retaliation from us for exercising your right to file a complaint.

This policy is effective this 17th day of June, 2013.

**** You are not required to sign this form.