

Notice of Privacy Practices

Effective July 19, 2006

Your Privacy is important to us

We at Dr Frank Foreman's office believe that dental information about you is very personal. We are required by law to keep your health information private, to follow the terms of this Notice which are currently in effect and to offer you this notice of our legal duties and privacy practices concerning your dental information.

How Dr Forman's office may use and disclose your medical information.

The following is an accounting of the ways the practice is permitted, by law, to use and disclose your Protected Health Information ("PHI").

- **Treatment:** We may use or disclose your health information to a dentist or other healthcare provider providing a treatment to you.
- **Payment:** We may use and disclose your health information to obtain payment for services we provide to you.
- **Uses and disclosures of PHI for Health Care Operations:** We may use your PHI to conduct quality assessments, improvement activities, and evaluate the dentist and staff.
- **Uses and disclosures as required by law:** We are required to use or disclose PHI about you as required and as limited by federal, state and/or local law.
- **Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experiences with common practices to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.
- **Marketing Health-Related Services:** We will not use your health information for marketing communications.
- **Uses and disclosure about victims of abuse, neglect or domestic violence:** We may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.
- **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official lawful custody of protected health information of inmate or patient under certain circumstances.
- **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Patient Rights

- **Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information.) You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time.
- **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergency).
- **Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

- **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the practice and/or the Secretary of HHS, or their designee. If you wish to file a complaint with the practice, please contact the office manager. If you wish to file a complaint with the Secretary, please write to:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The practice will not take any adverse action against you as a result of your filing a complaint.

- **CONTACT INFORMATION**

If you have any questions on Dr Frank Foreman's privacy practices or for clarification on anything contained within the Notice, please contact:

*Rachel Gorman
11700 NE 95th St Ste 120
Vancouver, WA 98682
(360) 735-0222*

Copies available upon request
Notice of Privacy Practices
Effective July 19, 2006

H.I.P.A.A. Privacy Policy

Health Insurance Portability and Accountability Act

Acknowledgement of Presentation of "Notice of Privacy Practices"

I, _____ (Child/ Children's name) have been presented with the Notice of Privacy Practices of Dr Frank Foreman, and understand that copies of the Policy are available for my records upon request.

- I hereby acknowledge that I had a copy of the Policy presented to me.
- I hereby refuse to acknowledge receipt of the Policy; I understand that even though I may refuse to sign this acknowledgement, services can still be provided to my child.

Signature of Parent