

# Weaver & Reckner Dental Associates Notice of Privacy Practices

## Effective April 14, 2003

We at Weaver & Reckner Dental Associates believe that medical 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 medical information.

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### **How Weaver & Reckner Dental Associates 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 physician 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).

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## **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.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**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).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**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.

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## **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 Weaver & Reckner Dental Associates' privacy practices or for clarification on anything contained within the Notice, please contact:

Weaver & Reckner Dental Associates  
775 Route 113  
Souderton, PA 18964  
215-723-2162

