

PRIVACY PRACTICES POLICY

PLEASE REVIEW THIS INFORMATION CAREFULLY

This notice describes the privacy practices of **Dr. Ed Moody, d/b/a Pediatric Dental Associates, Morristown** pertaining to your child's health information. This notice also describes how medical information about you/your child may be used and disclosed and how you can get access to this information.

Uses and Disclosures of Health information

In certain situations, we must obtain your written authorization to use and/or disclose your child's PHI. However, we DO NOT need any type of authorization from you for the following uses and disclosures:

Treatment: We use and disclose PHI to provide treatment and other services to your child, for example, to diagnose and treat your child's injury or illness. For example, results of laboratory tests and procedures will be made available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Payment: We may use and disclose PHI to obtain payment for services that we provide to your child, for example, your health and/or dental plan or other companies that arrange for payment or pay the cost of some or all of your health care may request and receive information on dates of service, the services provided, and the medical or dental conditions being treated.

Health Care Operations: Your protected health information may be used as necessary to support the day-to-day activities and management of Pediatric Dental Associates, Morristown. For example, information on services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement: Your protected health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, or to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your protected health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's health department.

Other uses and disclosures require your authorization: Disclosure of your protected health information or its use for any other than those listed above requires your specific written authorization. If you change your mind after authorizing the use or disclosure of your information you may submit a written revocation of authorization. However, your decision to revoke authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Appointment reminders: Your protected health information will be used by our staff to send you appointment reminders such as voicemail messages, postcards, or letters.

Information about treatments: Your protected health information may be used to send you information on the treatment and management of your child's medical condition that you may find of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

Marketing: We will not use our health information for marketing communications without your written authorization.

Individual Rights:

You have certain rights under the federal privacy standards. These rights include:

- Request restrictions on the use and disclosure of your protected health information
- Receive confidential communications concerning your medical condition and treatment
- Inspect and copy your protected health information
- Amend or submit corrections to your protected health information
- Receive an accounting of how and to whom your protected health information has been disclosed
- Receive a printed copy of this notice

Pediatric Dental Associates, Morristown's Duties:

We are required by law to maintain the privacy of your protected health information and to provide you a copy of this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required due to changes in federal and state laws and regulations. Whatever the reasons for these revisions, we will provide you with a revised copy of our privacy policy notice at your next office visit. Revised policies and practices will be applied to all protected health information that we maintain from the effective date of the notice.

Requests to Inspect Protected Health Information:

You have the right to inspect (review) or obtain a copy of your health information. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to access to your records by contacting us at info@childrensdentistrymorristown.com or 423-587-1421. There may be a charge for duplicating records.

Complaints

If you have any questions or concerns about our privacy practice policies or would like to submit a comment or complaint, please contact Connie Winstead at:

Pediatric Dental Associates, Morristown

3005 West Andrew Johnson Hwy.

Morristown, TN 37814

Phone: 423-587-1421

Email Address: Connie@childrensdentistrymorristown.com

If you believe that our privacy rights have been violated, you should tell us by sending a letter or e-mail describing the cause of your concern to the above address. We welcome your feedback!

Note: You will NOT be penalized or otherwise retaliated against for filing a complaint.