

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

**PLEASE REVIEW IT CAREFULLY
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US**

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 1, 2011 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operation: We may use and disclose your health information for treatment, payment or healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by an authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to YOU, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may 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 experience with common practice 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 without your written consent.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we have reasonable belief that you are a possible victim or abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

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 having 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).

Medicaid Electronic Health Records: The American Recovery and Reinvestment Act (Recovery Act) of 2009 provides for incentive payments for Medicaid eligible professionals who adopt, implement, upgrade, or meaningfully use certified electronic health record technology in their first year of

participation in the program and successfully demonstrate meaningful use in subsequent years. The information we provide during our attestation periods in this program keeps patient identity anonymous. If you have any questions regarding this, please do not hesitate to ask.

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. You will not be charged for copies of your health information unless you exceed 3 requests. If 3 requests has been met, you will be charged a reasonable cost-based fee for expenses such as photocopies, staff time, postage etc. If you prefer, we can prepare a summary of these fees when applicable.)

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 up to 6 years. If you request this accounting more than once per 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 an emergency). Restriction requests must be made in writing.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Your request must be in writing, and must specify the alternative means or location. If you are requesting to be contacted by fax or e-mail, please note that *we use a secure fax line and secure email address*. We trust that the fax number and/or e-mail address you provide is also secure. If such is not the case, we are not at fault for information being leaked through your unsecure fax number and/or e-mail address.

Amendment: You have the right to request that we amend your health information if you feel it is inaccurate or incomplete. Your request must be in writing, and it must explain why the information should be amended. We must act on your amendment request within a reasonable amount of time (no more than 60 days). We may deny your request under certain circumstances. If we deny your request, we will file an official *statement of disagreement* for inclusion in your record.

BREACH NOTIFICATION

A breach is defined as “acquisition, access, use, or disclosure of protected health information in a manner not permitted under the privacy rule which compromises the security or privacy of the protected health information which would pose significant risk of financial, reputational or other harm to the individual.”

Our office uses a secure internet server, secure website, secure e-mail, and secure fax line when handling all patient health information. If a breach should occur, we must notify you in written form by first-class mail or e-mail if you so choose. We must also contact you by telephone in addition to the written notice if it is deemed urgent because of possible imminent misuse of unsecured protected health information.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

Contact Officer: Monica Smith, CDA / Office Manager
Telephone: (910) 799-9916
Fax: (910) 399-1702
E-mail: Mail@RichardButlerDentistry.com
Address: 4837 Carolina Beach Road, Suite 201-202
 Wilmington, NC 28412

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed above. You may also submit a written complaint to the U.S. Department of Health and Human Services. You can find contact information for the U.S. Department of Health and Human Services at their website www.hhs.gov

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Your signature on your New Patient Form indicates you have read this Policy Notice.

If you would like a copy of this Privacy Policy for your own records, please take this copy and let the front desk know you have taken it. Thank you!