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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, and 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 was revised September 23, 2013 and will remain in effect 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 the 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.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (Referred to as PHI)

We use and PHI about you for treatment, payment and healthcare operations. For example:

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

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

Payment without Insurance: Individuals who pay out of pocket in full for dental services have the right to restrict disclosure of their PHI to their health plan.

Healthcare Operations: We may use and disclose your PHI in connection with our 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 PHI for treatment, payment or healthcare operations, you may give us an authorization to use your PHI or to disclose it to anyone for any purposes. 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 your 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 PHI to you, as described in the Patient Rights section of this Notice. We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, by only if you agree that we may do so.

Persons Involved in Care: We may use or disclose PHI 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 PHI, we will provide you with an opportunity to object to such uses or disclosures of your PHI, 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 PHI based on a determination using our professional judgment disclosing only PHI that is directly relevant to the persons involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inference of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI.

Marketing Health-Related Services: We will not use your PHI communications (fundraisers) without your written authorization.

Disaster Relief: We may use or disclose your health information to assist in disaster relief efforts.

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

Abuse or Neglect: We may disclose your PHI to appropriate authorities, if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim or other crimes. We may disclose your PHI 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 PHI of Armed forces under certain circumstances. We may disclose to authorize federal officials PHI 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 PHI of inmate or patient under certain circumstances.

Secretary of HHS: We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPPA.

Worker's Compensation: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Health Oversight Activities: We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors: We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose health information about you in disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Appointment Reminder: We may use or disclose your PHI to provide you with appointment reminders (such as voicemail messages, postcards or letters)

Appointment Schedule: In order to give you the most efficient and accurate treatment, it is necessary to post our appointment schedule in the individual operatories and at the front desk. We also announce to the doctor, the assistant and or hygienist your arrival and may inform the doctor of problems that you convey to us.

PATIENT RIGHTS

ASSESS: You have the right to look at or get copies of your PHI, with limited exceptions. If you request copies, there will be a cost-based fee for each plus postage if you want the copies mailed to you. You may have to pay for photocopies in advance. For the most part, you will be able to review or have a copy of your PHI within 30 days of asking us. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally required. By law, we can have one 30 day extension of the time for us to give you access to or photocopies, if we send you a written notice of the extension. If you want to review or get photocopies of your PHI, send a written request to the office at the address shown at the beginning of this Notice.

Disclosure Accountability: You have the right to receive a list of instances in which we are or our business associates disclosed your PHI for purposes, other than treatment, payment, healthcare operations and certain other activities for the last 6 years but not before April 14, 2007. 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 PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by your agreement (except in an emergency.)

Alternate Communication: You have the right to request that we communicate with you about your PHI by alternate means or to alternate locations. (You must make your request in writing.) Your request must specify the alternate 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 PHI. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Right to Notification of a Breach: You will receive notifications of breaches of your unsecured protected health information as required by law:

Electronic Notice: You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (email).

QUESTIONS AND COMPLAINTS

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

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in the response to a request you made to amend or restrict the use or disclosure of your PHI or to

have us communicate with you by alternate means or alternate locations. You may complain to us at the address listed at the beginning of the Notice. You will be notified in writing if a breach of your PHI has been violated. You may also submit a written complaint to the US Department of Health and Human Services Office of Civil Rights and or Federal Trade Commission upon request.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services Office of Civil Rights and or Federal Trade Commission.

Effective September 23, 2013.