

HIPAA Notice of Privacy Practices for Bullard Children's Dentistry

Patient privacy is important to the doctor and staff of Bullard Children's Dentistry. Our office is required by law to maintain the privacy of Protected Health Information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. This Notice of Privacy Practices (Notice) explains how we may use and disclose PHI to provide treatment, payment or healthcare operations and for other purposes permitted or required by law. Also, this Notice describes your rights with respect to PHI about you. Our office is obligated to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

Uses and Discloses of Protected Health Information (PHI)
The following describes how we use your PHI:

We will use PHI for treatment.
We may use and disclose PHI about you to provide, coordinate or manage your health care services. Example: Should a prescription be needed to treat a patient in the office, your PHI may be disclosed to a Pharmacy.

We will use PHI for payment.
We may give PHI about you to others to bill and collect payment for treatment provided to you. Example: Your PHI will be used in billing your

insurance company for treatment rendered in our office.

We will use PHI for health care operations. We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information.

We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Business associates: We contract other companies to perform services in our office. These companies may have access to PHI in assisting us. In order to protect your PHI, we require all business associates to appropriately safeguard the information. Example: We contract an outside company to provide us with technical support on our computer system. In assisting us with maintaining our systems, this company has access to PHI.

As required by law: We must disclose PHI about you when required to do so by law. Any other uses and disclosures will be made only with your written authorization.

Your Health Information Rights
You have the following rights pertaining to your PHI:

Obtain a paper copy of the Notice upon request. You may request a paper copy of this Notice, or any revised Notice at any time.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request to our Privacy Officer. We are not required to agree to those restrictions.

Inspect and obtain a copy of your PHI. You have the right to see a copy of PHI about you contained in a designated record set for as long as our office maintains the PHI. The designated record set may include billing, charting and x-rays. We may charge a reasonable fee for copying and mailing such records.

Request an amendment of PHI. If you feel the PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request and amendment for as long as we maintain the PHI. To request an amendment to your PHI, contact our office. You must include supporting reasons for the amendment. In certain cases, we may deny your request for amendment. If our office denies your request, you have the right to file a statement of disagreement, and we may give rebuttal to your statement.

Request communications of PHI by alternative means or at alternative locations. You have the right to request to receive communications of PHI by alternative means. For example, you may want recall cards sent to a post office box instead of your home address. Your

request must be made in writing. If we cannot communicate with you using these alternative means, we may resort to using other contact information we have.

Incidental Disclosures

The Open Bay. Our office uses an open bay for most dental treatment. This type of environment is used for many reasons including positive behavior reinforcement (kids seeing other kids behaving well). Parts of dental treatment and/or conversations may be overheard by other patients or parents in the office. If you find that your child needs additional privacy, please request treatment in the Quiet Room. Be aware that scheduling for that room may be limited as there are only two private treatment rooms in the office.

Birthday/Recall Postcards. As a general practice we send recall appointment reminder postcards and birthday postcards by mail. The recall postcards indicate the child's name and the time and date of their last appointment. Contact our office if you would like an example of a reminder card or if you do not want us to send you recall reminder or birthday post cards.

Letters. As a general practice we send new patient's paperwork to expedite the initial appointment.

Appointment Reminder. As a general practice we use a third party to call, text, and/or email our patients reminding them of their upcoming appointments. This is usually done two days before each dental appointment. We also send emails to our patients to inform them of events and other happenings in our office. Please let us know if

you do not want us to contact you in this manner.

Post-Operative Calls. As a general practice we call patients a day after an operative appointment. We leave a message if we do not receive and answer.

Security Breaches

We may use or disclose your PHI when determining whether a security breach has occurred for purposes of the HIPAA Breach Notification Rules as set forth in 45 C.F.R. § 164, subpart D. We may also use or disclose your PHI in responding to a breach, as required under the HIPAA Breach Notification Rules. For example, if an individual hacks into our computer network, we would investigate the incident to determine the extent of the breach and if PHI had been accessed, used or disclosed in violation of the HIPAA Privacy Rule. If a breach for purposes of HIPAA has occurred, we would notify you of the breach. We may also be required to notify the media and the U.S. Department of Health and Human Services of the breach but your PHI will not be disclosed when such entities are notified of the breach.

For More Information or to Report a Problem
Contact our Privacy Officer:
Dr. George Bullard
3304 Wilgus Ave.
Sheboygan, WI 53081