



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Legal Responsibility

Elevation Family Dental is legally required to protect the privacy of our dental patient's health information, and to provide you with this Notice about our legal duties, privacy practices, and your rights with respect to your health information.

Your Protected Health Information

In this Notice we will refer to your protected health information as "PHI". Your PHI includes data that identifies you and reports about the care and services you receive at Elevation Family Dental. Examples of PHI include information about your diagnosis, treatments and dental services we provide, medications, insurance status and policy number, payment information, social security number, address, and other demographic information. This Notice about our privacy practices explains how, when, and why we use and share your PHI. We may not disclose any more of your PHI than is necessary for the purpose of the use or disclosure, with some exceptions.

Changes to this Notice, and Effective Date

We are required to follow the terms of the Notice currently in effect. This Notice went into effect on February 15, 2023. We have the right to change the terms of the Notice and our privacy policies and practices. Any changes will apply to your past, current, or future PHI. When we make an important change to our policies, we will change this Notice and post a new Notice on our website: www.elevationfamilydental.com. We will post the Notice as required by law and will have a copy of the revised Notice in the places where we provide dental services. The Notice will contain the effective date on the last page. You may also ask Elevation Family Dental for a copy of our current Notice at any time.

Uses and Disclosures of Protected Health Information Without Your Authorization

We are allowed by law to use and share your health information with others without your consent for some purposes. The below examples describe general types of uses and disclosures we may make without your permission. Where state or federal law restricts one of the described uses or disclosures, we follow the requirements of such law.

- **Treatment** – We may use and disclose medical information about you to provide you with treatment. This can include disclosing your PHI to other health care professionals who are involved in your care. For example, if you are receiving treatment from another health care provider we may share information as necessary for treatment decisions or to coordinate your care. In addition, we may send information to the physician who referred you to Elevation Family Dental, or other health care providers not affiliated with Elevation Family Dental who are involved in your care.
- **Payment** – We may use and disclose your PHI to bill and collect payment for the treatment and services we provided to you. For example, we may provide PHI to an insurance company or other third party payor to get approval for treatment. We may also share your health information with another provider that has treated you so that they can bill you, your insurance company, or a third party.
- **Health care operations** – We may use and disclose your PHI as part of our routine operations. For example, we may use your PHI to evaluate the quality of services you received or to evaluate the performance of professionals who cared for you. We may also disclose information to other providers, doctoral students, and other Elevation Family Dental personnel for educational and training purposes.
- **Business associates** – We may share your PHI with others called "business associates", who perform services on our behalf. The business associate must agree in writing to protect the confidentiality of PHI. For example, we may share your PHI with record storage companies or consultants who help us with our electronic records and billing systems.
- **Appointment reminders and health-related benefits or services** – We may use your PHI to give you appointment reminders or to provide information about treatment alternatives or other health care services. If you give us your mobile telephone number, we may contact you by phone or text message at that number for treatment and quality-related purposes such as appointment reminders, wellness checks, registration instructions, etc.
- **When Required or Permitted by Law.** The following are examples of when we may use or disclose your PHI when required or permitted by law:
 - For Public Health Activities* such as reporting or preventing disease outbreaks to a public health authority, or to notify a person who may have been exposed to a disease or who may be at risk for spreading a disease.
 - For Health Oversight Activities* to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
 - For Law Enforcement and Correctional Institutions* – We may disclose your PHI to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime. If a patient is an inmate or in the custody of a law enforcement official, we can disclose PHI if necessary to provide health care or to protect the health or safety of you or others.
 - For Reporting Victims of Abuse, Neglect or Domestic Violence* to government authorities that are authorized by law to receive such information, including a social service or protective service agency. Unless such disclosure is required by law (for example, to report a particular type of injury), we will only make this disclosure if you agree.
 - For Judicial or Administrative Proceedings* such as in response to a court order, search warrant or subpoena. If a request for your PHI from someone else involved in the dispute is in the form of a subpoena or other lawful process, reasonable efforts to notify you of the request or to obtain an order from the court protecting the information requested are required.
 - For Health Oversight Activities* to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
 - To Avoid a Serious Threat to Health or Safety* to you, another person, or the public, for example by disclosing PHI to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
 - For Specialized Government Functions* such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
 - For Research Purposes* such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets federal privacy law requirements.

To Provide Information Regarding Decedents. For example, we may disclose PHI to a coroner or medical examiner to identify a deceased person or determine a cause of death.

For Organ Procurement Purposes. We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.

- **Workers' compensation purposes** – We may disclose PHI about you to your employer or others as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Incidental uses and disclosures** – There are certain incidental uses or disclosures of your information that happen while we are providing service to you or conducting our business. For example, when you get to the clinic, staff may need to use your name to greet you in the waiting room. Other individuals waiting in the same place may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

Uses and Disclosures for Which You Have the Opportunity to Object

- *Disclosures to family, friends, or others* – We may provide your PHI to a family member, friend, or other person you have involved in your care or involved in the payment of your health care, unless you object in whole or in part. If you are not able to agree or object to such a disclosure, we may disclose such information as need if we decide that it is in your best interest. This could include sharing information with your family or friend so they can pick up a prescription or a medical supply.

Uses and Disclosures Requiring Your Authorization

- We will get your authorization (written permission) for any use or disclosure of your PHI that is not described in this Notice.
- *Marketing* – We will not use or disclose your PHI for marketing purposes without your authorization. If we receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
- *Sale of medical information* – We will not sell your PHI to third parties without your authorization. Any such authorization will state that we will receive remuneration in the transaction.

You can revoke or "take back" your authorization. If you have authorized us to use or disclose your PHI, at any time you may revoke or change your written permission for the particular use of disclosure of PHI. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization. To revoke your authorization, you must notify our Privacy Officer in writing by using the contact information below in this Notice.

Your Rights Regarding PHI

You have the right to:

- *Request restrictions* – You can ask us not to use or share certain PHI for treatment, payment, or health care operations purposes. For example, when you have paid for your services out of pocket in full, at your request, we will not share information about those services with your health plan or insurance provider (the organization that pays for your medical care), as long as such disclosure is not required by law. For all other requests, we will consider your request, but we are not legally required to accept it. If we accept your request, we will document any limits in writing and follow them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request a restriction, notify the Privacy Officer listed at the end of this Notice.
- *Request confidential communications* – You can ask that we send PHI to you at a different address or contact you about your health information in a certain way. For example, you may wish to have appointment reminders and test results sent to a PO Box or a different address than your home address. We will say "yes" to reasonable requests that give specific directions of the alternative. To make a request, contact the Privacy Officer at the address listed at the end of the Notice. You do not need to give a reason for your request.
- *Inspect and copy* – You have the right to inspect and get a copy of much of the medical information that we maintain about you, with some exceptions. Usually, this information includes the medical record and billing records. There are certain conditions on which we may deny your request. If we maintain the medical information electronically and you ask for an electronic copy, we will provide the information to you in the form and format you request, if it is readily producible. If we cannot readily get the record in the form and format you request, we will give it in another readable electronic format or paper copy we both agree to. If you direct us to send your medical information to another person, we will do so if your signed, written direction clearly states the recipient and location for delivery. We will normally respond to your request within 60 days but may need longer in certain cases. We may charge a reasonable fee to cover costs and for any copies.
- *Accounting of disclosures* – You have the right to obtain a list of certain disclosures of your PHI made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.
- *Amendment* – You have the right to ask us to change certain medical information that we keep in your records if you think that information is inaccurate or incomplete. You may ask for an amendment for as long as that record is maintained. You may submit a written request for an amendment to the Privacy Office listed at the end of this Notice. Elevation Family Dental may say "no" to certain requests, but we will tell you in writing within 60 days why we denied your request.
- *Paper copy of this Notice* – You can ask for a paper copy of this Notice at any time, even if you have asked to get it electronically. You may pick up a copy at the front desk or ask that a copy be sent to you.
- *Notification in the case of breach* – We are required by law to notify you of a breach of your unsecured medical information. We will provide such notification to you without unreasonable delay but in no case later than 60 days after we discover the breach.
- *How to exercise these rights* – All request to exercise these rights must be in writing. We will respond to your request on a timely basis following our written policies and as required by law. Contact the Privacy Officer noted below in this Notice to get request forms or ask questions.

To Exercise Rights Described in this Notice or Ask Questions about this Notice, please contact:

Elevation Family Dental
Privacy Officer, Grete R.
1910 N 12th Street, Suite C
Grand Junction, CO 81501
(970) 245-2990
info@elevationfamilydental.com

Complaints. If you believe your privacy rights have been violated, you may file a complaint with us by using the above contact information. You will not be penalized for filing a complaint, and your care will not be compromised.

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.