



Dear Patient,

This is not meant to alarm you! Quite the opposite! It is our desire to communicate to you that we are taking the new Federal (HIPAA – Health Insurance Portability and Accountability Act.) law written to protect the confidentiality of your health information seriously. We do not ever want you to delay treatment because you are afraid your personal health history made available to others outside of our office.

So what has changed? Why a privacy policy now? Very good questions!

The most significant variable that has motivated the Federal Government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in health care. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used with our computers but also with the Internet, phone, faxes, copy machines and charts. We believe this has disciplined us to put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient.

We will use and communicate your Health Information only for the purposes of providing your treatment, obtaining payment, and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

[How your HEALTH INFORMATION may be used to provide treatment](#)

We will use your health information within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist and business office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories, pharmacies and other health care personnel providing you treatment.

[To Conduct Health Care Operations](#)

Your health information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, health information may be included in training programs for students, interns, associates, and business and clinical employees. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing and credentialing activities.

[In Patient Reminders](#)

Because we believe regular care is very important to your oral and general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or electronic reminders such as email (unless you tell us that you do not want to receive these reminders).

[Abuse or Neglect](#)

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgement, when we believe we are specifically required or authorized by law or with the patient's agreement.

[Public Health and National Security](#)

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understand of a new side effects of a drug treatment or medical device.

[For Law Enforcement](#)

As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official. For certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

[Family, Friends and Caregivers](#)

We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will be sure to ask you permission first. In the case of an emergency where you are unable to tell us what you want, we will use our very best judgement when sharing your health information only when it will be important to those participating in providing your care.

[Authorization to Use or Disclose Health Information](#)

Other than is stated above or where Federal, State or Local law required us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

[Patient Rights](#)

This new law is careful to describe that you have the following rights related to your health information.

[Restrictions](#)

You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preference from our patients.

[Confidential Communications](#)

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

[Inspect and Copy Your Health Information](#)

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.

Your request may be denied if the health information record in question was not created by our office, is not part of our records or if the records containing your health information are determined to be accurate and complete.

Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14th, 2003 and forward. Please let us know in writing the time period for which you are interested. Thank you for limiting your request to no more than six years at a time. We may need to charge you a reasonable fee for your request.

Questions and complaints

You have the right to express complaints to us or the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns of complaints in writing.

We are required by law to maintain the privacy of you health information and to provide to you and your representation this Notice of our Privacy Practices. We are required practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice.

Acknowledgement of Receipt of Notice of Privacy Practices. (HIPAA)

You may refuse to sign this acknowledgement

I, _____ have received a copy of this office’s Notice of Privacy Practices.

Please print name _____

Signature _____

Date _____

For office use only

We attempted to obtain written acknowledgement could not be obtained because:

___ Individual refused to sign. ___ Communications barriers prohibited obtaining the acknowledgement

___ An emergency situation prevented us from obtaining acknowledgement ___ Other _____

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