

## Cary Periodontics and Implant Dentistry

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### 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. The privacy of your health information is important to us.**

**If you have any questions about this Notice, please contact the Privacy Officer:** Michael J. Brenegan, D.D.S.

**Effective Date:** April 14, 2003

**Revised:** September 1, 2013

We are committed to protect the privacy of your protected health information (PHI).

This Notice of Privacy Practices (Notice) describes how we may use within our Practice or network and disclose (share outside of our Practice or network) your PHI to carry out treatment, payment, or healthcare operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI.

We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by:

- ❖ Posting the new Notice in our office
- ❖ If requested, make copies of the new Notice available in our office or by mail
- ❖ Posting the revised Notice on our website: [www.caryperio.com](http://www.caryperio.com)

**Uses and Disclosures of Protected Health Information:** We may use or disclose (share) your PHI about you for treatment, payment, and healthcare operations.

**Treatment:** Your PHI may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purposes of providing healthcare services to you. **EXAMPLE:** Your PHI may be provided to a provider to whom you have been referred for evaluation so that the provider has the necessary information to diagnose or treat you. We may also share your PHI from time to time with another healthcare provider (e.g. a specialist or laboratory) who, at the request of your provider, becomes involved in your care by providing assistance with your healthcare diagnosis or treatment to your physician. We may also share your PHI with people outside our Practice that may provide medical care for you such as home health agencies.

**Payment:** We may use and disclose your PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for. PHI may be shared with the following: billing companies, insurance companies, health plans, government agencies in order to assist with qualifications of benefits, and collection agencies. **EXAMPLE:** You are seen at our Practice for a procedure, and we will need to provide a listing of services such as x-rays to your insurance company so that we can get paid for the procedure. We may at times contact your healthcare plan to receive approval prior to performing certain procedures to ensure the services will be paid for. This will require sharing of your PHI.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of this Practice which as called healthcare operations. **EXAMPLES:** Training students, other healthcare providers, or ancillary staff such as billing personnel to help them learn or improve their skills; Quality improvement processes which look at delivery healthcare and for improvement in processes which will provide safer, more effective care for you; Use of information to assist in resolving problems or complaints about the Practice.

**We may use and disclose your PHI in other situations without your permission:**

- ❖ **If required by law:** The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- ❖ **Public health activities:** The disclosure will be made for the purpose of controlling disease, injury, or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- ❖ **Health oversight agencies:** We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs, and civil rights laws.
- ❖ **Legal proceedings:** To assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.
- ❖ **Police or other law enforcement purposes:** The release of PHI will meet all applicable legal requirements for release.
- ❖ **Medical Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- ❖ **Special Government Purposes:** Information may be shared for national security purposes, or if you are a member of the military, to the military under limited circumstances.
- ❖ **Correctional Institutions:** Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of other individuals.
- ❖ **Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similarly legally established programs.

## **Other Uses and Disclosures of your Health Information:**

Business Associates: Some services are provided through the use of contracted entities called “business associates”. We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies or transcription services.

Health Information Exchange: We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.

Treatment Alternatives: We may provide you notice of treatment options or other health related services that may improve your overall health.

Appointment Reminders: We may contact you as a reminder about upcoming appointments or treatment.

### **We may use or disclose your PHI in the following situations UNLESS you object:**

- ❖ We may share your information with friends and 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 PHI 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, etc.
- ❖ We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

### **The following uses and disclosures of PHI require written authorization:**

- ❖ Marketing
- ❖ Disclosure for any purposes which require the sale of your information

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

## **Your Privacy Rights**

You have certain rights to your protected health information. All requests to exercise your rights must be made in writing. You will need to sign an “Authorization to Release Dental/Medical Information” form obtained from our office, and submit the form to our Practice Manager.

- ❖ **You have the right to see and obtain a copy of your PHI:** This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. If requested, we will provide you a copy of your records in an electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records.
- ❖ **You have the right to request restriction of your PHI:** You may request for this practice not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request, we will honor the restriction request unless the information is needed to provide emergency treatment. There is one exception: We must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.
- ❖ **You have the right to request for us to communicate in different ways or in different locations:** We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.
- ❖ **You have the right to request an amendment of your health information:** You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.
- ❖ **You have the right to a list of people or organizations who have received your health information from us:** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six (6) years or a shorter timeframe. If you request more than one list within a 12 month period, you may be charged a reasonable fee.

## **Additional Privacy Rights**

- ❖ You have the right to obtain a paper copy of this Notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation, we will give you this Notice as soon as possible.
- ❖ You have a right to receive notification of any breach of your PHI.

## **Complaints:**

If you think we have violated your rights or you have a complaint about our privacy practices, you can contact:

**Michael J. Brenegan D.D.S. 919-469-9986**

You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. If you file a complaint, we will not retaliate against you for filing a complaint.

This notice was published and becomes effective on April 14, 2003.