



**Wisener, Cooper & Fergus, DDS**

Dentistry for the modern age  
Family • Cosmetic • Reconstruction • Implants

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED, DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this notice. We must follow the privacy practices as described below. This notice will take effect on the day of your first appointment and will remain in effect until it is amended or replaced.

It is our right to change our Notice of Privacy Practices in accordance with State and Federal laws, as permitted. Before we make a significant change, this notice will be amended to reflect the change(s) and a new notice will be made available upon request.

You may request a copy of our Notice of Privacy Practices at any time by contacting our office.

### **TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION**

We will keep your health information confidential, using it only for the following purposes:

**Treatment:** We may use your health information to provide you with our professional services. We have established in-office “minimum necessary or need to know” standards that limit access to your health information according to each staff member’s primary job function(s).

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

**Emergencies:** We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

**Healthcare Operations:** We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.

**Required by Law:** We may use and disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery request or other lawful process). We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.



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**Abuse or Neglect:** We may disclose your health information to the proper authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

**Public Health Responsibilities:** Use or disclosure of your health care information may be necessary to report problems with products, reactions to medications, product recall, disease and/or infection exposure and to prevent and control disease, injury and/or disability.

**Marketing Health-Related Services:** We will not use your health information for marketing purposes unless we have your written authorization to do so.

**National Security:** The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized Federal officials.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders, including, but not limited to, voicemail messages, postcards or letters.

## YOUR PRIVACY RIGHTS AS OUR PATIENT

**Access:** Upon written request, you have the right to inspect and obtain copies of your health information (and that of an individual for whom you are a legal guardian). There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our office for a copy of the Request Form.

**Amendment:** You have the right to amend your health care information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

**Non-routine Disclosures:** You have the right to receive a list of non-routine disclosures we have made of your health care information. This right extends only to the use and disclosure of information for reasons *other than* treatment, payment or health care operations. As of April 14, 2003, you may request a list of non-routine disclosures dating back 72 months (6 years).

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. Please contact our office if you would like to further restrict access to your health care information. This request must be submitted in writing, and is subject to review and approval prior to taking effect.

## QUESTIONS AND COMPLAINTS

You have the right to file a complaint if you feel we have not complied with our Privacy Policies. If you feel your privacy rights have been violated, or if you disagree with a decision we have made regarding access to your health information, you may request a Complaint Form from our office. We support your right to the privacy of your information and will not retaliate in any way, should you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Rev 6/24/2014