



columbus family dental care
David A. Dixon, DDS and Associates

Notice of Privacy Practices

This notice describes how health 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.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice is in effect as of April 14, 2003, and will remain as such until we replace it.

We reserve the right to make changes to our privacy practices and the terms of this notice at any time, provided such changes are permitted by law. We reserve the right to make those changes effective for all health information that we maintain, including health information we created or received before we made the changes. However, before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

For more information about our privacy practices, or to request additional copies of this notice, please contact our office anytime.

Uses and Disclosures of Health Information

We use or disclose your health information for treatment, payment, and healthcare operations only. For example:

Treatment: We may use or disclose your health information to a physician, dentist, or other healthcare provider that may be treating you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations, which may include quality assessment activities, reviewing qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training or accreditation programs, and certification, licensing or credentialing activities.

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Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it (in writing) at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section below. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify a family member, your personal representative or another person responsible for your care, of your location or your general condition. If you are present, then prior to the use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only what is directly relevant to the people involved in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, dental supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications (our "No Cavities Club," for example) without your written authorization.

Required by Law: We may use or disclose your health information as required by law.

Abuse or Neglect: We may disclose your health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. We may also disclose your health information to the extent necessary to avert a serious threat to your health or safety.

National Security: Under certain conditions, we may disclose your health information to Federal officials or military authorities when it may be required for national security or public health activities. We may also make disclosures to law enforcement officials.

Office Communication: We may use or disclose your health information to communicate with you in various ways such as appointment reminders, telephone calls, voicemail messages, postcards, letters, etc.

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Patient Rights

Access: You have the right to inspect and copy your health information, with limited exceptions. We reserve the right to charge you a reasonable cost-based fee for expenses incurred.

Disclosure Accounting: You have the right to request (in writing) a list of instances in which we disclosed your health information for purposes other than treatment, payment, or healthcare operations for the last 6 years, but not before April 14, 2003.

Restriction: You have the right to request (in writing) restrictions on certain uses or disclosures of your health information. We will make every effort to honor reasonable restriction preferences.

Alternative Communication: You have the right to request (in writing) that we communicate with you about your health information by alternative means or to alternative locations. Your request must clearly specify the alternative means or locations and how payments will be handled.

Amendment: You have the right to request (in writing) that we amend your health information; however, under certain circumstances, this request may be denied.

Notice: You have the right to obtain a paper copy of this notice from us upon request.

Questions and Complaints

If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, you may file a written complaint with our office. You may also submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to the privacy of your health information.