

# Comfort Care Dental Notice of Privacy Practices

**Your Information. Your Rights. Our Responsibilities.** 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.**

**Your Rights:** When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you:

- **Get an electronic or paper copy of your medical record**
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record**
  - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Request confidential communications**
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- **Ask us to limit what we use or share**
  - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information.** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
  - We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated.**
  - You can complain by contacting us using the information above. We will not retaliate against you.
  - You can file a complaint with U.S. Dept of Health & Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**Your Choices:** In certain situations, you can choose what health information we share.

- **In these cases, you have both the right and choice to tell us to:**
  - Share information with your family, close friends, or others involved in your care; share information in a disaster relief situation; include your information in a hospital directory
  - *If you are not able to tell us your preference, for example – you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information to lessen a serious and imminent threat to health or safety.*
- **In these cases we never share your information unless you give us written permission:**
  - Marketing purposes, sale of your information, most sharing of psychotherapy notes
- **In the case of fundraising,** we may contact you, but you can tell us not to contact you again.

**Our Uses and Disclosures:** How do we typically use or share your health information? We typically use or share your health information in the following ways:

- **Treatment** - We can use your health information and share it with other professionals who are treating you.
- **Payment** - We can use and share your health information to bill for payment from health plans or other entities.
- **Healthcare operations** - We can use and share your information to run our practice, improve your care, and contact you when necessary.
- **Patient care** - We use your email or phone, when provided, to 1) send you appointment reminders, and 2) to send you a newsletter providing valuable patient care information and our current offers to help you afford services. You may ask us to stop these two types of communication at any time.

**We are allowed or required to share your information in other ways:**

- **Usually in ways that contribute to the public good**, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).
- **Help with public health and safety issues** for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.
- **We can use or share your information for health research.**
- **We will share information about you if state or federal laws require it**, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **We can share health information about you with organ procurement organizations.**
- **We can share information with a coroner, medical examiner, or funeral director when an individual dies.**
- **Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services
  - We can share information about you in response to court or administrative order, or respond to a subpoena.
  - We follow all state and federal laws regarding the privacy of information for substance abuse treatment, psychotherapy notes, and HIV/AIDS treatment.
  - We follow all state and federal laws for the reporting of abuse, neglect or domestic violence.

**Our Responsibilities:**

- We are required by law to maintain the privacy and security of your protected health information.
- Inform you promptly of a breach that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind any time by letting us know in writing. It may not be possible to reverse prior actions taken under your original authorization, but we will honor your requests going forward.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice:** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

***Effective date of this notice:*** July 30, 2018

**Privacy Officer:** Kim Jensen      **Address:** 3550 Washington Pkwy, Idaho Falls, ID 83404      **Phone:** 208-524-2300

**Organizations this notice applies to:** Comfort Care Dental of Idaho Falls, PLLC, 3550 Washington Pkwy, Idaho Falls, ID 83404  
Comfort Care Dental of Rexburg, PLLC, 242 E Main, Rexburg, ID 83440, Comfort Care Dental of Pocatello, PLLC, 485 E Alameda, Pocatello, ID 83201, Comfort Care Dental of Twin Falls, PLLC, 788 Eastland Dr, A, Twin Falls, ID 83301  
Choice Management Services, LLC, 3548 Washington Pkwy, Idaho Falls, ID 83404