

NOTICE OF PRIVACY PRACTICES

The office of Donald M. Jayne, DDS, PS, hereafter referred to as "Practice," is committed to preserving the privacy and confidentiality of your health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information, hereafter referred to as "PHI," to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. 45 CFR§ 164.520. This Notice has been revised to conform to HIPAA's Final Rule referred to as the "Omnibus Rule" published 01/25/13. This notice replaces previous versions of the Notice and is effective 09/23/2013. You may access or obtain a copy according to the following options: 1) our website at seattlecornerstonedental.com 2) contact the office and request a copy to be sent to you by mail or email, 3) request a copy at the time of your next appointment. You may request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or additional copies of this notice, please contact us using the information listed at the end of this notice.

1. Uses and Disclosures of PHI.

How We Use Your Information: Your PHI may be used and disclosed by our Practice's provider, administrative and or clinical staff and others outside of our Practice who are involved in your care and treatment to provide healthcare services to you.

A) **Treatment:** We will use and disclose your PHI to provide, coordinate or manage your care and any related services. We may disclose PHI to other providers who may be treating you such as a specialist.

B) **Payment:** We will use your PHI to obtain payment for the services provided by this Practice. For example, if we are working with your insurance plan, we may verify eligibility or coverage for benefit determination. We may use or disclose your information so that a bill may be sent to you that may include services provided.

C) **Healthcare Operations:** The Practice may use or disclose, as needed, your PHI to support its business activities such as quality performance reviews regarding our services or the performance of our staff.

i) **Business Associates:** We may share your PHI with third party business associates such as answering services, transcriptionists, billing services, consultants, trainers, and legal counsel. We obtain a written agreement between our Practice and the business associate to assure the protection and privacy of your PHI.,

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object:

We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object as follows:

D) **Required or Permitted by Law:** We may use or disclose your PHI as required by law. This disclosure may include public health activities such as controlling a communicable disease or compliance with health oversight agencies authorized by law. We may disclose PHI to a public health authority authorized to receive reports of child abuse or neglect. We may disclose your PHI if we believe you have been a victim of abuse, neglect, or domestic violence to a governmental agency authorized to receive such information in compliance with state and federal law.

We may disclose your PHI to the Food and Drug Administration for the quality, safety, or effectiveness of FDA-regulated products or activities. We may disclose your PHI in the course of a legal proceeding in response to a subpoena, discovery request, or other lawful processes. We may also disclose PHI to law enforcement providing applicable legal requirements are satisfied. We may disclose PHI to a coroner or medical examiner for identification purposes. We may disclose PHI to researchers when the information does not directly identify you as the source of information, and such research has been approved by an institutional review board to ensure the privacy of the PHI. We may disclose PHI as authorized to comply with workers' compensation laws.

We may use and disclose your PHI if you are an inmate of a correctional facility, and this information is necessary for your care.

Authorization for Other Uses and Disclosures of PHI: Use and disclosure of your PHI not addressed in this Notice of Privacy Practices will be made only with your written authorization. You may revoke this authorization in writing at any time. If you cancel this authorization, we will no longer use or disclose your PHI; however, we are unable to retrieve previous disclosures made with your prior approval.

Other Permitted and Required Uses and Disclosures that Require Your Permission or Objection:

ii) **Students:** We may share PHI with students working in our Practice to fulfill their educational requirements. If you do not wish a student to observe or participate in your care, please notify your provider.

iii) **Appointment Reminders:** We may contact you as a reminder of your appointment. Only limited information is provided on an answering machine or an individual other than you answering the call. We may issue a postcard or letter notifying you that it is time to make an appointment. You may provide a preferred means of contact, such as a mobile telephone number or email address. Reasonable requests will be accommodated.