

**PRIVACY NOTICE
(NOTICE OF PRIVACY PRACTICES)**

Name of Practice: Sandia Dental Care

This notice is being sent to you to ensure our compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. We support efforts to protect patient confidentiality and the security of individual health information.

This notice describes how medical, including dental, information about you may be used and disclosed and how you can access this information. Please review it carefully.

Effective Date: April 14, 2003

1. Statement of Our Duties

We are committed to maintaining the privacy of your personal health information and complying with all state and federal laws. The purpose of this Privacy Notice is to inform you of our privacy practices and legal duties.

We are required to:

- Maintain the privacy of protected health information
- Provide you with this notice of our legal duties and privacy practices with respect to your health information
- Abide by the terms of this notice
- Notify you if we are unable to agree to your requested restrictions on how your information is used or disclosed
- Accommodate reasonable requests to communicate health information by alternative means or at alternative locations
- Obtain your written authorization to use or disclose your health information for reasons other than those identified in this notice and permitted under law

We reserve the right to change our information practices and make new provisions effective for all protected health information we maintain. Revised notices will be provided to you by mail.

2. Statement of Your Rights

You have the right to know how we use or disclose your personal health information. This notice explains those uses and disclosures.

Certain uses and disclosures are permitted or required by law without your permission. For all other uses and disclosures, your authorization is required.

You also have the following rights:

- The right to request additional restrictions on uses and disclosures of your personal health information (we are not required to agree to all requests)
 - The right to access, inspect, and copy your protected health information, and to request corrections or amendments to information created in error
 - Requests to access or amend information should be sent to the contact person listed in Section 8
 - We may charge a reasonable fee for this service
 - The right to receive an accounting of disclosures made for purposes other than treatment, payment, or healthcare operations
 - The right to request confidential communications of personal health information
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3. Information We Collect About You

We collect the following categories of information from these sources:

- Information obtained directly from you through conversations or forms you complete
 - Information obtained as a result of treatment provided in this office
 - Information obtained from your medical or dental records or related professionals
 - Information obtained from other entities, such as healthcare providers or insurance companies, to carry out healthcare operations
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4. Permissible Uses and Disclosures of Protected Health Information

Treatment:

We may use or disclose your health information without your permission to allow other healthcare providers, including laboratories, to provide treatment.

Payment:

We may use or disclose your health information to obtain payment for healthcare services, determine coverage, and access insurance benefits.

Healthcare Operations:

We may use or disclose health information for activities such as quality assessment, training, accreditation, certification, licensing, credentialing, and review of professional competence.

As Permitted or Required by Law:

We may disclose health information without written permission for purposes permitted or required by law, including:

- Compliance with workers' compensation or no-fault laws
- Health oversight activities such as audits or administrative proceedings
- Public health activities (including reporting to the FDA)
- Law enforcement purposes or in response to court orders
- Approved research purposes
- Reporting abuse, neglect, or domestic violence to authorized agencies

Other Uses:

All other uses or disclosures, including marketing, require your written authorization. You may revoke authorization at any time.

5. Complaints About Misuse of Health Information

You may file a complaint with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated.

Complaints must be submitted in writing to the address listed in Section 8 and should include as many details as possible (names, dates, etc.).

You will not be retaliated against for filing a complaint.

6. Confidentiality and Security Practices

We restrict access to non-public personal information to employees who need the information to provide healthcare or services.

We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect your information.

7. Dispute Resolution Policy

Any controversy or claim arising out of or relating to this privacy policy shall be resolved by arbitration in state courts in accordance with the rules of the American Arbitration Association. Judgment on the arbitrator's award may be entered in any court with jurisdiction.

8. Contact Information

Contact Person: Sarah Kassam, DDS

Practice Name: Sandia Dental Care

Address: 6800 Montgomery Blvd. NE, Suite C

Telephone: (505) 884-8000

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, DC 20201

OCR Hotline (Voice): 1-800-368-1019