

HIPAA Notice of Privacy Practices

Revised to reflect the 2013 HIPAA/HITECH Omnibus Final Rule

This Notice describes how health information about you may be used and disclosed. This Notice provides you with information regarding the protection and privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have. Please review it carefully. The original HIPAA law can be found online through the Health and Human Services (HHS) Department, and other government websites. This notice serves to try and condense much of that information. Any information not found in this notice may be available through various government publishing office sites, including the official HHS website.

If you have any questions about this Notice, please contact Chris Loudenslager at 406-388-0033 or Stephanie Bennett.

This Notice is effective on September 23, 2013.

Our Commitment Regarding Your Personal Health Information (PHI)

River Rock Dental Group is committed to maintaining and protecting the confidentiality of our employees' and patient's personal information. This Notice of Privacy Practices applies to River Rock Dental Group's dental plans. The plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards and practices. When the plans use or disclose your PHI, the plans are bound by the terms of this Notice, or the revised Notice, if applicable.

We are required by law to:

- Maintain the privacy of Protected Health Information (PHI).
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that are currently in effect.

How We May Use and Disclose Health Information

The following describes the ways we may use and disclose PHI that identifies you. Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, assistants, technicians, or other personnel, including people outside our office (including specialists), who are involved in your dental care and need the information to provide you with dental care.

For Payment. We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment. However,

if you elect to pay for a procedure without the use of a third party payer, such as insurance, then you may request that we do not contact or inform your insurance.

For Health Care Operations. We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

For Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be interest to you.

For Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share PHI with a person who is involved in your dental care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

For Research. Under extremely rare circumstances, we may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose PHI for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any PHI.

Special Situations

As Required by Law. We will disclose PHI when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Military and Veterans. If you are a member of the armed forces, we may release PHI as required by military command authorities.

Workers' Compensation. We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose PHI for public health activities. These activities generally include disclose to prevent or control disease, injury or disability, report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil laws.

Data Breach Notification Purposes. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Although uncommon, these special situations will not necessitate your express permission to release the that information. PHI is still protected up until 50 years after a patient's death.

Uses and disclosures that require us to give you an opportunity to object and opt in or out.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. You have an opportunity to agree or object to such a disclosure prior to such an event.

Your written authorization is required for other uses and disclosures.

The following uses and disclosures for your PHI will be made only with your written authorization:

1. Uses and disclosures of PHI for marketing purposes; and
2. Disclosures that constitute a sale of your PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy PHI that may be used to make decision about your care. This includes medical, specifically dental, and billing records. To inspect and copy this PHI, you must make your request, in writing, to Chris Loudenslager or Stephanie Bennett at River Rock Dental Group. We have up to 30 days to make your PHI available to you.

Right to an Electronic Copy of Electronic Medical Records. If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic dental record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. Electronic Protected Health Information is commonly referred to as ePHI and will be used in this document forthwith. Any PHI that is produced, saved, transferred or received in electronic format is considered to be ePHI. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured PHI.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our office. To request an amendment, you must make your request, in writing, to Chris Loudenslager. This request will be amended as long as it is pertaining only to the individual requesting the changes and not another's records. The information must be found to be accurate and not intentionally changed for any reason other than necessary updates.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we have made of PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Chris Loudenslager or Stephanie Bennett. All new patients will be given a copy for their review and signature before being scanned into the computer.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Chris Loudenslager. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Chris Loudenslager. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.riverrockdentalgroup.com. To obtain a paper copy of this notice, contact Chris Loudenslager.

Changes to this Notice:

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effect date on the first page, in the top right-hand corner. The Notice of Privacy Practices will be maintained at the front office. Any minor updates of documents should be readily available, and any a comprehensive Notice will be made within 30 days of the request.

River Rock Dental Group P.C.
127 Village Drive, Suite 100, Belgrade, MT 59714

Timothy Lund DDS
1-406-388-0033

Concerns:

If you have concerns regarding the handling of your PHI please feel free to address those concerns as well to Chris Loudenslager, so that we may be able to handle those issues before they progress.

Complaints:

If you believe your privacy right have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services (HHS). To file a complaint with our office, contact Chris Loudenslager. All complaints must be made in writing. You will not be penalized for filing a complaint.

You may contact our office at:

River Rock Dental Group
127 Village Drive, Suite 100
Belgrade, MT, 59714

River Rock Dental Group HIPAA Protected Health Information Privacy Procedures & Training

- Our office will limit uses and disclosures of PHI to the minimum necessary to accomplish the intended purposes.
- Our designated privacy officer is:
 - Name: Chris Loudenslager
 - Email: treatmentcoordinator@riverrockdentalgroup.com
 - Phone: (406) 388-0033
- All of our business associates (accounting and consulting firms) will sign a written agreement to ensure confidentiality of PHI.
- The following administrative, technical and physical safeguards have been established to protect the privacy of PHI:
 - Doors are securely locked each evening
 - Computers are password protected
 - Computers are shut down at the end of the evening
- Employees who have access to PHI will receive training in the policies and procedures for the use, disclosure and safeguarding of the information. Training sessions will be documented and kept on file.
- The process for a patient to file a complaint is to contact Chris Loudenslager in writing. Our Compliance Officer will answer the patient's complaint in a timely manner. If a request is made to inspect and or copy PHI, we will respond in 30 days. If there is a delay, the Compliance Officer will send a writing statement to the patient explaining the cause of the delay and request a 30-day extension.
 - If a patient requests PHI to be emailed, and we explain the email is unencrypted, but the patient insists on receiving their PHI via email, we can email the information with the patient's informed consent.
- If PHI of someone who is deceased is requested, we will disclose requested to their personal representative.
- We have created a document that describes River Rock Dental Group's information practices and have posted the document in a prominent place where potential patients may see it. We also have paper copies for our patients.
- We have posted our Privacy Practice on our website and have made it available in electronic format.
- Obtains patients' consent that address the use and disclosures of:
 - PHI for Treatment,
 - Payment,
 - Administrative Operations
- We will flag the accounts of any patient who does not want their PHI to go to a health care provider.
- We will keep a log of uses and disclosures of health information for each patient. (Normal uses, defined as disclosure for treatment, payment and/or health care operations, require a generic log entry.)
- We will keep on file for 7 years all other disclosures that require special written authorization.
- We will not sell patient information.