

Uses and Disclosures of Health Information

Healthcare Operations: We will use and disclose your Protected Health Information to conduct the business activities of this office. These activities include, but are not limited to, quality assessment and improvement activities, review of the performance and qualifications of employees, evaluating practitioner, provider and staff performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when we are ready to begin your treatment. We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment.

We will share your Protected Health Information with business associates that perform specific functions for our practice such as billing. When a business arrangement of this type requires the use of your information, we will have a written contract with the third party to protect the privacy of your Protected Health Information.

Others Involved in Your Health Care: We must disclose your health information to you as described in the "Your Patient Rights" section of this Notice. With your written or verbal consent, we may disclose your health information to a family member or other person to the extent necessary to help with your health care or with payment for your health care. If we determine it is in your best interest based on our professional judgment or experience with common practices, we may allow another person to pick up filled prescriptions, medical supplies, x-rays or other forms of health information.

We may use or disclose Protected Health Information to notify or assist in notifying a family member, a personal representative or any other person responsible for your care of your location, your general condition or death. If you are present prior to the use or disclosure of your Protected Health Information, we will provide you with the opportunity to object to such uses or disclosures. Finally, we may use or disclose your Protected Health Information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family members or others involved in your health care.

Treatment: We will use and disclose your Protected Health Information to provide, coordinate and manage health care and related services for you. For example we will disclose information to a specialist to whom you have been referred to ensure the provider has enough information to diagnose and/or treat you. We may also disclose information to a laboratory or production facility that, at our request, becomes involved in your treatment.

Payment: We may use and disclose your Protected Health Information to obtain payment for services we provided to you. For example we will send the necessary information to your health or dental insurance company to obtain payment for the treatment provided.

Emergencies: In the event of your incapacity or in emergency circumstances, we may use or disclose your Protected Health Information to treat you.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization: Other uses and disclosures of your Protected Health Information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that an action has already been taken in reliance on this authorization.

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

We may use or disclose your Protected Health Information in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your Protected Health Information to the extent required by any applicable federal, state or local laws. The use or disclosure will be made in compliance with such laws and will be limited to the relevant requirements of such laws.

Public Health: We may disclose your Protected Health Information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. Additionally, we may disclose your Protected Health Information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

We may disclose Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your Protected Health Information if we believe that you have been a victim of abuse, neglect or domestic violence to any governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal, state and local laws.

Legal Proceedings: We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include but are not limited to (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, or (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Military Activity and National Security: When the appropriate conditions apply, we may disclose, to military authorities, Protected Health Information of individuals who are Armed Forces personnel. We may also disclose your Protected Health Information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

Worker's Compensation: We may disclose your Protected Health Information as authorized to comply with worker's compensation laws and other similar legally established programs.

Inmates: We may use or disclose your Protected Health Information if you are an inmate of a correctional facility and such information is requested by said facility or any medical provider associated therewith.

Your Patient Rights

Your rights with respect to your Protected Health Information and how you may exercise those rights are outlined below.

You have a right to obtain a copy and/or inspect your health information: "Protected Health Information" includes treatment records, billing records and any other records used by us to make decision about your treatment as determined to be protected pursuant to the Health Insurance Portability and Accountability Act of 1996. You may obtain a form from our office to request access to your Protected Health Information. A reasonable cost-based fee will be charged for expenses such as staff time, copies and postage. Contact us as indicated at the end of this Notice to obtain information about our fees or if you have any questions about your access.

You have a right to request a restriction on the use and disclosure of your Protected Health Information: You may ask us not to use or disclose some part of your Protected Health Information for the purposes of treatment, payment or operations. You may also request that we not disclose some part of your information to family or others who may be involved in your care or for notification purposes as otherwise described in this Notice. We are not required to agree to any such requests, but if we do, we are obligated to abide by the agreement except in cases of emergency. You may request a restriction by sending your request in writing to our Privacy Contact.

You have a right to request to receive confidential communications by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to request an amendment to your Protected Health Information. You may request that we amend Protected Health Information about you. Your request must be in writing with an explanation as to why the information should be amended. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting and/or specific information regarding disclosures made by Stacy Schmitt, DDS, P.A., that occurred after June 1, 2007, but in no instance more than 6 years prior to the

date of the request. You may request a shorter timeframe. This right applies to disclosures made by our business associates or us. It excludes disclosures for treatment, payment or healthcare operations as described in this Notice of Privacy Practices, to you, to family members or friends involved in your care, for notification purposes or as a result of an authorization signed by you. Your right to receive this information is subject to certain exceptions, restrictions and limitations. Any such request is subject to a reasonable cost-based fee for responding to the request and providing requested information.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Questions and Complaints

If you have any questions, concerns or want more information about our privacy practices please contact us using the information below.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we have made regarding your access to your Protected Health Information or any other request you have made in the exercise of your rights, you may send your complaint to us using the information below. You may also submit a written complaint to the Secretary of Health and Human Services. Contact us for the address of the United States Department of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate against you in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact our office:

**Northlake Dentistry
10616 Metromont Pkwy Suite 200
Charlotte, NC 28269
(704) 597-2570
www.NorthlakeDentistry.com**

This notice was published and becomes effective June 1, 2007.



NOTICE OF PRIVACY PRACTICES

Stacy Schmitt, DDS, PA

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.

This Notice describes how we may use and disclose your Protected Health Information as defined herein, to provide treatment, obtain payment and conduct health care operations and for other purposes permitted or required by law. It also describes your rights concerning your Protected Health Information. Protected Health Information is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to follow the practices described in this Notice. We may change the terms of this Notice at any time. The new Notice will be effective for all Protected Health Information we maintain at that time including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may obtain a copy of our Notice of Privacy Practices at any time by calling our office or requesting one at your next appointment.