

HIPAA Patient Privacy Notice

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.

Understanding your health information

Each time you visit the University of Tennessee Health Science Center College of Dentistry or see a University of Tennessee Health Science Center dentist in a hospital, surgical care center, dental faculty practice clinic, or other facility, a record of your visit is made. This record includes information about your symptoms, examinations, test results, medications you take, your allergies, your medical and dental histories and the plan for your care. This information we refer to as your health or dental record and it is an essential part of the healthcare we provide for you. Your dental record contains personal health information and there are state and federal laws to protect the privacy of your health information.

Uses and Disclosures of Health Information

We will use your information for treatment

All the doctors, dental hygienists, students and clinical staff involved in your care will read and document in your dental record about your examinations, the care planned for you, the care that you receive and the results of that care.

If you were referred to us by another provider, your University of Tennessee Health Science Center provider may send copies of your dental record to the provider who referred you to us so your provider will have updated treatment information about your care.

We will provide another healthcare provider, who is treating you, with copies of information from your dental record, or possibly a copy of the entire dental record, that could assist him or her in treating you

We may also use information from your dental record to call you or send you a letter or postcard to remind you about an appointment, to follow up with diagnostic tests results, to advise you of your treatment status, or to provide you with information about other treatment and care that could benefit your health.

We will use your health information for payment

A bill may be sent to you or your third party payor (insurance). The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures performed, healthcare providers and supplies used. We also may contact your insurance company to determine if they will pay for your dental care as part of their certification process.

We will use your health information for regular healthcare operations

The University of Tennessee Health Science Center doctors, dental hygienists, students, managers and staff may look at your dental record to complete quality reviews or to assess the care and results in your case and others like yours. The University is a teaching facility so it is probable that we will use your dental record in the process of educating and training students and resident doctors.

You have the right to request a restriction on the above uses and disclosures of your protected health information for treatment, payment and health care operations; however, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We may, however, also end the agreement at any time after informing you of such.

Other Disclosures

Business Associates

There are some services provided in or for the College of Dentistry through contacts with business associates. To protect your health information, however, we require the business associate to protect your information.

Communication with others involved with your care

We may disclose to a family member, or other relative, close personal friend or any other person you identify, health information directly relevant to that person's involvement in your care or payment related to your care.

The disclosure will only be done if you agree, do not express an objection when given the opportunity, or we believe, based on the circumstances and our professional judgment that you do not object.

If you are incapacitated or in an emergency circumstance, we may disclose to a family member, or other relative, close personal friend, or any other person accompanying you health information directly relevant to the person's involvement in your care or payment for your care.

Research

Under certain circumstances, we may use and disclose dental information about you from your dental record for research purposes. All research projects, however, are subject to a special approval process designed to protect the privacy of your health information.

Required by law

We may also disclose health information required by law to the following entities or types of entities that includes, but is not limited to:

- ? Food and Drug Administration
- ? Public Health or legal authorities charged with disease prevention
- ? Correctional institutions
- ? Workers Compensation Agents
- ? Health Oversight Agencies

- ? Law enforcement as required by law or in accordance with a valid subpoena
- ? Licensing boards
- ? To avoid a serious threat to the health and safety of a person or the public.

We will **not** use information in your records for marketing purposes.

Other uses and disclosures from your dental record will be made only with your written authorization or approval.

Patient Rights

You have the right to:

- ? Inspect and obtain a copy of your dental record. There may be a charge to cover the cost of copying your record.
- ? Request an amendment to your dental records.
- ? Obtain an accounting of certain disclosures of your protected health information.
- ? Request communication of your health information in a certain way or at a certain location. For example, you can ask that we contact you by mail and not by telephone, or that we contact you at a specific telephone number, or that we use an alternative address for billing purposes, or that we not leave messages on certain answering machines.
- ? Revoke your authorization to a use or disclosure of protected health information except to the extent that action has already been taken.

To exercise any of these rights, your request must be in writing. Please obtain the required form from the Privacy Official in room C209, or you may request the form by FAX at 448-2671, or call the Office of Clinical Affairs at 448-6221.

College of Dentistry's Duties

Our duties are to:

- ? We are required by law to maintain the privacy of your protected health information;
- ? Provide you with a notice as to our legal duties and privacy practices with respect to information we collect about you through this notice;
- ? Abide by the terms of the notice currently in effect;
- ? Notify you if we are unable to agree to a requested restriction;
- ? Follow reasonable requests you make to communicate with you as you instruct – for example, contact you at a certain telephone number or address.
- ? Provide you a paper copy of the notice of privacy practices upon request.

The University of Tennessee College of Dentistry reserves the right to change this Notice of Privacy Practices and its policies and procedures for privacy practices at any time and to make the changes effective for all protected health information created or received prior to the new effective date and then currently maintained by the College of Dentistry. The revised Notice will be posted in the College of Dentistry's waiting room or patient lobby and reasonable efforts will be made to

advise you of the change(s) in the Notice, policies and procedures at your next service visit. You may also obtain a copy of the revised Notice upon request.

For More Information or to Report a Problem

If you have any questions about your rights, our duties, or our practices and procedures regarding protected health information, please call the University of Tennessee Health Science Center's Privacy Officer at the number below. You may also obtain a copy of this notice on our web site at www.utmem.edu.

If you believe your privacy rights have been or are being violated, you may complain to the University of Tennessee Health Science Center and to the Secretary of the Department of Health and Human Services. Complaints to the Secretary must be filed in writing on paper or electronically and must be made within 180 days of when you became aware of, or should have been aware of, the incidents giving rise to your complaint.

At the University of Tennessee Health Science Center, you may contact our privacy officer at 901-448-4900. By law, you cannot be penalized for filing a complaint.

Effective date. April 14, 2003