HIPAA Notice of Privacy Practices

The Federal Health Insurance Portability & Accountability Act of 2013, HIPAA Omnibus Rule (formerly Health Insurance Portability and Accountability Act of 1996) provides safeguards to protect the privacy of your healthcare records used in any form, whether electronic, on paper or spoken. This Notice describes how health information about you may be used and disclosed and how you can get access to this information, hereafter referred to as Protected Health Information (PHI). This Notice also states the privacy rights you have and our obligation to you as our healthcare provider. Please read this notice carefully.

For the purpose of this Notice, "us" "we" and "our" refers to Slate Dental and "you" or "your" refers to our patients (or their legal representatives as determined by us in accordance with state informed consent law). Slate Dental is committed to maintaining and protecting your PHI and have implemented numerous procedures to ensure that we do so. Our doctors, clinical staff, employees and Business Associates, their subcontractors and other involved parties follow the policies and procedures set forth in this Notice. We are required to provide you with this Notice regarding our policies, safeguards and practices.

We are required by law to maintain the privacy of your Protected Health Information (PHI), give you this notice of our legal duties and privacy practices regarding your health information and to follow the terms of our Notice that are currently in effect.

If you have any questions regarding this Notice, please contact Privacy Officer Dr. John Slate at (202) 686-5222 or by email at contact@slatedentaldc.com.

This notice is effective on May 1, 2023.

Permitted Uses and Disclosures

Only for the purposes described below, Slate Dental will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer, Dr. John Slate.

To the Individual. A covered entity may disclose PHI to the individual who is subject of the information.

For Treatment. We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. Parties may disclose PHI to include doctors, clinical assistants, technicians, and other personnel including people outside our office who are involved in your medical care and require PHI for optimal medical care. We may share PHI with individuals involved in your medical care.

For Payment. We may use and disclose PHI so that we or others may bill and obtain payment from you, an insurance company or a third party for treatment and services rendered. When appropriate, we may share Health Information with a person who is involved in payment for your care.

For Health Care Operations. We may use and disclose PHI to ensure highest quality and competency assurance in health care operations. We may also share information with other entities that have a relationship with you for their health care operation activities including appointment reminders, treatment alternatives or health-related services that may be of interest to you.

As required by Law. We will disclose PHI when required to do so by international, federal, state or local law. If you are a member of the armed forces, we may release PHI as required by military command authorities. We may disclose PHI to a health oversight agency for activities authorized by law. We may disclose PHI in response to a court or administrative order including subpoena, warrant, discovery request or other lawful process, stated and required by law. We may disclose PHI to identify or locate a suspect, fugitive, material witness or missing person. We may disclose PHI to report a crime or deaths due to criminal conduct or criminal conduct on our premises.

Business Associates. We may disclose PHI to our business associates that perform operational activities on our behalf or provide us with services if the information is necessary for such function or services. All of our business associates are contracted to protect the privacy of our information and are not allowed to use or disclose any information other than as specified in our contract.

Public Health Risks. We may disclose PHI for public health concerns including disclosures 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; recall notices; risk of exposure, or domestic violence. We will only make this disclosure when required or authorized by law.

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

The following uses and disclosures of 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 at contact@slatedentaldc.com.

Patient Rights

Right to Inspect and Copy Records. Patients have the right to see or get a copy of medical records and other health information, other than psychotherapy notes. If the patients want a copy, a request must be put in writing to Dr. John Slate and we may charge a reasonable fee for the cost of copying or mailing. If the information is required for claim of benefits, we will not charge a fee. We have up to 30 days to provide the PHI.

Right to an Electronic Copy of Electronic Medical Records. Patients have the right to request an electronic copy of PHI from EMR software. We will make every effort to provide your records in the format patient requests. In the case we cannot provide PHI in the electronic format requested, your record will be provided in our standard electronic format or in a readable hard copy form. We may charge a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to revision. Patients can ask to change any wrong information in file or information to be added to file if they believe something is missing or incomplete. The request for revision or amendment must be made in writing. We have up to 60 days to update the patient record.

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

Right to an Accounting of Disclosures. Patients have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization.

Right to Request Confidentiality. Patients have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment or health care operations. Patients have the right to request a limit on PHI disclosed to any party involved in patient care. Patients have the right to limit PHI with respect to rendered treatment towards any party, including health insurance. Patients have the right to request that Slate Dental communicates with you about medical matters in a certain way or at a certain location. Requests must be made in writing, specifying how or where you wish to be contacted.

Right to a Paper Copy of This Notice. Patients have the right to request a paper 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 this notice on our website, www.SlateDentalDC.com or contact Dr. John Slate.

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 effective date will always be on the first page.

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of Department of Health and Human Services. To file a complaint with our office, please contact Dr. John Slate in writing at drslate@slatedentaldc.com. No patient shall be penalized for filing a complaint.

Additional information may be found at https://www.hhs.gov/hipaa/index.html.

You may contact our office at:

Slate Dental
3301 New Mexico Ave, #332
Washington, DC 20016
(202)686-5222
contact@slatedentaldc.com

PATIENT HIPAA CONSENT FORM

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Federal Health Insurance Portability & Accountability Act of 2013, HIPAA Omnibus Rule (formerly Health Insurance Portability and Accountability Act of 1996). I understand that by signing this consent, I authorize you to use and disclose my Protected Health Information in order to:

- Carry out my treatment including direct or indirect treatment by other healthcare providers involved with my care;
- Obtain payment from third party payers, such as my insurance company;
- Facilitate the day-to-day healthcare operations of the practice.

I have been informed of and given the right to review and secure a copy of the practice Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my Protected Health Information and my patient rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions in writing on how my Protected Health Information is used and disclosed to render treatment, obtain payment and facilitate health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. Any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Patient Name_____
(Print)

Date_____

Signature_____