

Ronald Palmer, Family and Cosmetic Dentistry
Ronald Palmer, DDS, PC
(719) 593-0045

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Our Legal Duty

We are required by federal and state laws to maintain the privacy of your health information. We are required to give you this Notice of Privacy Practices, our legal duties, and your rights concerning your health information.

We reserve the right to change our privacy practices, provided such changes are permitted by law. It will be available upon request. You may request a copy of our notice at any time.

Uses & Disclosures of Health Information

Treatment

We may use or disclose your health information to a physician or other healthcare provider treating you.

Payment

We may use and disclose your health information to obtain payment for services provided to you.

Healthcare Operations

We may use and disclose your health information in connection with our healthcare operations. This includes quality assessments, improvement activities, performance reviews, training programs, accreditation, certification, licensing, or credentialing activities.

Authorization

You may give us written authorization to use or disclose your health information to anyone for any purpose. You may revoke it in writing at any time.

Family & Friends

We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or payment, but only if you agree we may do so. In the event of your incapacity or emergency situation, we will disclose your health information based on our professional judgement. We may use or disclose information about you to notify a person involved in your care of your location, or general condition. We will use our professional judgement of your best interest in allowing a person to pick up prescriptions, medical supplies, x-rays or other health information.

Marketing Health-Related Services

We will not use your health information for marketing without written authorization.

Required By Law

We may use or disclose your health information when we are required by law to do so.

Abuse or Neglect

We may disclose your health information if we believe you are a victim of abuse, neglect, domestic violence or other crimes. We may disclose your health information to avert a threat to your health and safety or the health and safety of others.

National Security

We may disclose to military authorities health information of personnel under certain circumstances. We may disclose health information for lawful intelligence, counterintelligence and other national security activities. We may disclose health information to correctional facilities regarding inmates.

Appointment Reminders

We may use or disclose your health information to provide you with appointment reminders. (Such as voicemail messages, postcards, letters or e-mail.)

Patient Rights

Access

You have the right to look at or obtain copies of your health information. You must make a request in writing. We will charge \$.10 per page and postage if you would like them mailed to you.

Disclosure Accounting

You have the right to request a list of disclosures of your health information for purposes other than treatment, payment, or healthcare operations for the last six years, but not before April 14, 2003.

Alternative Communication

You have the right to request communication about your health information by alternative means or locations. You must make your request in writing.

Restriction

You have the right to request additional restrictions on our use or disclosure of your health information. We are not required to agree to them, but if we so we will abide by our agreement except in an emergency.

Amendment

You have the right to request that we amend your health information. Your request must be in writing with an explanation of why the information should be amended. We may deny your request under certain circumstances.

Questions & Complaints

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

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Privacy Officer:

Ronald Palmer, DDS, PC
2575 Montebello Dr. West
Ste. 202
Colorado Springs, CO 80918
(719) 593-0045
Fax: (719) 593-8211

RONALD PALMER, DDS, PC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this acknowledgement. By signing this form, you acknowledge that you had the opportunity to review the Ronald Palmer, DDS, PC Privacy Practices describing the use and disclosure of protected health information about you for treatment, payment, healthcare options and other uses and disclosure as stated in our Notice. We provide this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The patient understands that: *Protected Health Information (PHI) may be disclosed or used for treatment, payment, or health care operations. *RONALD PALMER, DDS, PC has a Notice of Privacy Practices and that the patient has the opportunity to review the Notice. *RONALD PALMER, DDS, PC reserves the right to change the Notice of Privacy practices at any time. A current copy of the Notice may be obtained by contacting our office. *The patient may revoke his consent in writing at any time and all future disclosure will then cease.

AUTHORIZATION TO RELEASE INFORMATION TO FAMILY MEMBERS

Patient Name: _____ Date of Birth: _____

By signing below, you authorize RONALD PALMER, DDS, PC to share medical information about you with family members who are involved with your care. You may revoke this authorization at any time by providing a written notice to the Privacy Officer at: 2575 Montebello Drive, West, Suite 202, Colorado Springs, CO 80918 .

I understand that I may refuse to sign this authorization, and that my refusal to sign in no way affects my treatment, payment, enrollment in a health plan, or eligibility for benefits. This authorization DOES NOT expire.

Signature of Patient or Patient's Personal Representative:

_____ Date _____

If Personal Representative:

Print Name: _____

Signature: _____ Relationship to Patient: _____

WE HAVE YOUR WRITTEN PERMISSION TO DO SO. Please read below and consider carefully whom you want to have access to your medical information.

I, _____, give RONALD PALMER, DDS, PC my permission to discuss treatment and leave phone messages regarding my dental care and information as described below. I fully understand that this authorization will remain valid until revoked in writing.

My home/mobile answering machine/voicemail: # _____ Initials ____ My office/work voice mail: # _____ Initials ____

The following person(s) may receive this patient information: _____

For office use only: Copy of signed authorization provided to the individual:

Date: _____

Initials: _____