

**HIPAA Omnibus Notice of Privacy Practices**  
**Revised 2013**

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**Santini Family Dentistry**  
**720 East Boulevard**  
**Kingsford, MI. 49802**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED &  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

This notice of Privacy is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates and the subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted by law. It also describes your right to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by your dentist, our office staff and others outside of our office that are involved in your care and treatment for purpose of providing dental care services to you, to pay your health care bills, to support the operation of the dentist and any other use required buy law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a dentist to whom you have been referred, Oral Surgeon, Periodontist, Pedodontist, etc. to ensure that the provider has the necessary information to diagnose or treat you.

**Payment:** Protected health information will be used, as needed, to obtain payment for your dental services. For example, processing pre-authorizations to obtain approval for dental treatment, submitting claims for services rendered to receive payment, etc.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your dentist's practice. These activities include, but are not limited to, quality assessment, employee review, training of dental students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to dental students that see patients at our office. We may also call you by first name in the waiting room. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and to inform you about treatment alternatives or dental related benefits and services that may be of interest to you. We may use or disclose your protected health information in the following situations without your authorization. These situations include, as required by law, public health issues, communicable disease, abuse or neglect, legal proceedings, law enforcement, coroners, military activity and national security, worker's compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosures to you upon request. Under the law, we must disclose your protected health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164-500.

**USES AND DISCLOSURES THAT REQUIRE AUTHORIZATION**

**Other Permitted and Required Uses and Disclosures** will be made **only with your consent, authorization** or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes.

**You may revoke the authorization**, at any time, in writing, except to the extent that your dentist or the dentist's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**(continued on next page)**

**YOUR RIGHTS**

The following are statements of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information (fees may apply)** – Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or used in, a civil, criminal action, protected health information protected by law.

**You have the right to request restriction of your protected health information** - This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment or payment. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your dentist is not required to agree to your request restriction except if you request that the dentist not disclose protected health information to your insurance for which you have paid in full out of pocket.

**You have the right to request confidential communication** – You have the right to request confidential communication from us by alternative means or at an alternative location. 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 alternatively i.e. electronically.

**You have the right to request an amendment to your protected health information** – If we deny your request for amendment, you have the right to file a statement of disagreement with us and 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 of certain disclosures** – You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, required by law, that occurred prior to April 14, 2003, or six years prior to the date of request.

**You have the right to receive notice of a breach** – We will notify you if your unsecured protected health information has been breached.

**You have the right to obtain a paper copy of this notice** from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.

**COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our HIPAA Compliance Officer of your complaint. **We will not retaliate against you for filing a complaint.**

HIPAA COMPLIANCE OFFICER: Melissa (906)774-5087 or email at [santinidental@gmail.com](mailto:santinidental@gmail.com)

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone.

Please sign below. Please note that by signing this form you are acknowledging that you have received or been given an opportunity to receive a copy of our Notice of Privacy Practices.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date