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## Notice of Privacy Practices for Protected Health Information

This notice describes how your personal health information may be used and disclosed and how you can get access to this information Please review it carefully.

### Uses and Disclosures of Protected Health Information

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of providing treatment, obtaining payment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the practice has obtained your authorization for the use or disclosure is otherwise permitted by the HIPPA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile.

### Your Health Record and Protected Health Information

Protected health information is the information we create and obtain in providing our services to you. Such information may include, but is not limited to, your name, age, address, documentation of your symptoms, examination and test results, x rays, diagnosis, treatment rendered, future treatment plans, and notes on follow up care. It also includes billing documents for those services.

### Example of use of your health information for treatment purposes:

The hygienist obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain input.

### Example of use of your health information for payment purposes:

We submit a request for payment to your health insurance company, either electronically through a clearinghouse, or by a paper claim. The health insurance company may request information from us regarding medical/dental care given. We will provide information to them about input.

### Example of use of your information for health care operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs for staff and students under supervision, credentialing, medical review, legal services, auditing, insurance, and general administrative activities. We will share information about you with such insurers or other business associates as we deem necessary, in our best judgment, to obtain these services.

### **Appointment Reminders**

We may use or disclose your health information to provide you with appointment reminders (such as answering machines/voicemail, postcards, and letters) unless you tell us not to. We may also contact a friend or family member involved in your health care as authorized by you regarding your appointment reminders.

### **Notification**

Using our best judgment, we may use or disclose your health information to notify, or assist in notifying, a family member or relative, personal representative, or other person responsible for your care, about your location, and about your general condition, or of your death. We may also disclose information to the above mentioned persons regarding your care or in payment of such care, or in case of an emergency.

### **Food and Drug Administration (FDA)**

We may disclose to the FDA your health information relating to adverse events with respect to products and product defects or post marketing surveillance information to enable product recalls, repairs, or replacements.

### **Workers Compensation**

If you are seeking compensation through Workers Compensation, we may disclose your health information to the extent necessary to comply with laws relating to Workers Compensation.

### **Public Health**

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

### **Abuse and Neglect**

We may disclose your health information to public authorities as allowed by law to report abuse or neglect.

### **Correctional Institutions**

If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your health information necessary for your health and the health and safety of others individuals.

### **Law Enforcement**

We may disclose your health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

### **Health Oversight**

Federal law allows us to release your health information to appropriate health oversight agencies, or for health oversight activities.

### **Judicial/Administrative Proceedings**

We may disclose your health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

### **For Specialized Governmental Functions**

We may disclose your health information for specialized government functions as authorized by law, such as Armed Forces personnel, for national security purposes, or to public assistance program personnel.

### **Other Uses**

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

### **Your Health Information Rights**

The health record and billing records we maintain are the physical property of the practice. The information in it, however, belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but will comply with any request granted.

- Obtain a paper or electronic copy of this Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office.
- Request that you be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering the request in writing to our office.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office.
- File a statement of disagreement if your amendment is denied, and require that the request for amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- Obtain an accounting of disclosures of your health information required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office.
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

Creekside Dental reserves the right to charge you for copies of records, x-rays, clerical services, and consultation services.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

### **Our Responsibilities**

The practice is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our “Notice,” or by visiting our office and picking up a copy.

### **To Request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Creekside Dental at 523-5090.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written notice to the receptionist at Creekside Dental. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from the practice
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

Effective Date- January 30, 2015