

NOTICE OF PRIVACY PRACTICES

Pure Zen Implant & LASER Perio, PLLC
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Privacy contact: Julie Stringer, Practice Manager

This notice describes how medical information about you may be used and disclosed, and how you may obtain access to this information. * Please review this document carefully.*

We respect our legal obligation to keep health information that identified you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding its use.

Treatment, Payment and Health Care Operations

The most common reason why we use or disclose your health information is for treatment payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you, releasing prescriptions to your pharmacy to be filled, information being sent to other provider offices where you are a patient for continuity of care purposes, and for referring you to another doctor or clinic for other health care or services. Examples of how we may disclose your health information for payment purposes are: asking you about your health or dental care plans and /or other sources of payment, preparing and sending bills or claims (written and/or electronically), collecting unpaid amounts (either through this office or through a collection agency and/or attorney). "Health care operations" means those administrative and managerial functions that we have to complete in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans, defense of legal matters; business planning and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for any reason not described above, we will ask you for special written permission.

Uses and Disclosures for Other Reasons Without Permission

In some limited situations, the law allows and/or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never occur during your treatment. Such Uses or disclosures are:

- ✓ When a state or federal law mandates that certain health information be reported for a specific purpose
- ✓ For public health purposes; such as contagious disease reporting, investigation and/or surveillance; notices to and from the federal Food and Drug Administration regarding drugs and/or medical devices
- ✓ Disclosure to governmental authorities about victims of suspected abuse, neglect or domestic violence.
- ✓ Uses and disclosures for health oversight activities, such as for the licensing of doctors, for audits by Medicare or Medicaid, or for investigation of possible violations of health care laws
- ✓ Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies
- ✓ Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime, to provide information about a crime at our office, or to report a crime that has occurred outside the office
- ✓ Disclosure to a medical examiner to identify deceased persons and/or to determine cause of death, to funeral directors to aid in burial and /or to organizations that handle organ or tissue donations
- ✓ Uses or disclosures for health related research
- ✓ Uses and disclosures to prevent a serious threat to health or safety
- ✓ Uses or disclosures for specialized government functions such as for the protection of the president or high ranking government officials, lawful national intelligence activities, for military purposes and/or for evaluation and health of members of the foreign service.
- ✓ Disclosures of de-identified information
- ✓ Disclosures relation to worker's compensation programs
- ✓ Disclosure of a "limited data set" for research, public health or health care operations
- ✓ Incidental disclosures that are an unavoidable by-product of permitted uses and/or disclosures
- ✓ Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your information

APPOINTMENT REMINDERS

We may call or write to remind you of schedule appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise we will contact you by postal mail, email and/or leave a reminder message on your home answering machine/voicemail or with someone who answers at your residence in the event you are not home.

Other Uses and Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form". The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information. You can:

- ✓ Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request via postal mail or fax to the office contact person at this office
- ✓ Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address vs. work email address. We will accommodate these requests if they are reasonable, and if you pay us for any additional cost. If you want to ask for confidential communications, send a written request to the office contact person via postal mail, email or fax
- ✓ Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address and/or fax to the office contact person at the beginning of this Notice.
- ✓ Ask us to amend your health information if you think that it is incomplete or incorrect. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information and others that you specify. If we do not agree, you can submit a written statement of your position, and we will include it with your health information along with any rebuttal statement we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you of the extension in writing. If you want a list, send a written or faxed written request to the office contact person.
- ✓ Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you one electronically or in paper form already. If you want additional paper copies, send a written request or fax your request to the office contact person.

Our Notice of Privacy Practices

By law we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new Notice in our office, and have copies available in our office and/or website.

Complaints

If you think we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you wish to complain to us, please send a written or faxed complaint to the office contact person. If you prefer, you may discuss your complaint in person or by phone.

For more information

Please call or visit the office contact person listed at the beginning of this Notice.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of Dr. Elizabeth M. Tandy's and Pure Zen Implant & LASER Perio's Notice of Privacy Practices.

Date: _____

Signature: _____