



ERIC J. OPSVIG, DDS
State-of-the-Art Smiles

NOTICE OF PRIVACY PRACTICES

Eric J. Opsvig, DDS
482 E North Bend Way
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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your Protected Health Information (PHI). This Notice of Privacy Practices describes how we use or disclose your protected health information and your rights to access and control it.

USES AND DISCLOSURE OF HEALTH INFORMATION

We will only request personal information needed to provide our standard of quality dental care. We may use and disclose your protected health information when providing your treatment, payment of bills, conducting normal healthcare practice operations, and when required by law.

Treatment: We may use and disclose your health information to provide, coordinate or manage your dental and any related services. For example, we may disclose your health information to a referral dentist providing treatment to you.

Payment: Your protected health information may be used to obtain payment for services we provide for you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. This may include quality assessment, conducting training programs, and licensing activities.

Unless you request otherwise, we may use or disclose health information to a family member, friend, or other personal representative to the extent necessary to help with your health care or payment for your health care. In addition, we may use your confidential information to remind you of appointments by leaving phone messages and mailing postcards. Other uses and disclosures not described in this notice may be made only after we have your written authorization. You may revoke this authorization in writing at any time, except to the extent that we have already taken action relying on your authorization.

YOUR RIGHTS

Access: You have the right to inspect and copy your protected health information. Request for your information must be in writing. We will provide you a copy or summary of your health information, usually within 30 days of your request. There may be a fee for copies and postage.

Amendment: You have the right to request amendments of your health information if you believe that it is incorrect or incomplete. Your request must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

Disclosure Accounting: You have the right to ask for a list of the times we have shared your health information for six years prior to the date you ask, with whom did we share it, and why. We will include all disclosures except those about treatment, payment and healthcare operation. You may request one accounting per year, in writing. If additional requests are made within a 12-month period, you may be charged a reasonable, cost-based fee for responding to the additional requests.

Restriction: You have the right to request that we place additional restrictions on our use and disclosure of your health information. Your request must be in writing and must include what specific information you want to limit and to whom you want the limit to apply. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternate Communication: You may ask us to contact you in a specific way (for example, home or office) or to send mail to a different address. We will accommodate all reasonable requests.

Copy of Notice: You have the right to ask for a paper copy of this notice at any time.

Questions and Complaints

We support your right to the privacy of your health information. If you are concerned that your privacy rights have been violated, we urge you to notify our office immediately. You may also submit a written complaint with the U.S. Department of Health and Human Services. **We will not retaliate in any way if you choose to file a complaint** with us or with the U.S. Department of Health and Human Services.

For more information about our Privacy Practices, please contact our office

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This notice is effective as of September 23, 2013. We are required by law to abide by the terms of this notice currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Revisions of our Notice will be posted on the effective date.