

Maddison Ave Dental  
4358 West Cheyenne Ave  
North Las Vegas, NV 89032  
702-735-9500

## Notice of Privacy Practices

This Notice describes how your health information may be used and disclosed. Please read carefully.

### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice regarding our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 5-1-10, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made these changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or, for additional copies of this Notice, please contact us using the information listed at the top of this Notice.

### **Uses and Disclosures of Health Information**

We use and disclose health information about you for treatment, payment and healthcare operations.

**Treatment:** We may use or disclose your health information to a physician providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide you.

**Healthcare Operations:** We may use and disclose your health information connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing and credentialing activities.

**Your Authorization:** In addition to our use of your healthcare information for treatment, payment, and healthcare operations, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend, or other person, to the extent necessary to help you with your healthcare or with payment of healthcare, but only if you agree that we may do so.

**Persons Involved With Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, we will give you the opportunity to object to such disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filed prescriptions, medical supplies, x-rays or other similar health information.

**Marketing Health Related Services:** We will not use information for marketing communications without your written authorization.

**Required By Law:** We may use your health information for marketing with your written permission.

**Abuse and Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are the possible victim of abuse, neglect, domestic violence, or the victim of some other crime. We may disclose your health information to the extent necessary to avert a serious threat to your safety or the health of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other security activities. We may disclose to correctional law enforcement officials having lawful custody of protected health information of an inmate or other person under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (including voicemail, messages, postcards, or letters).

### **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information with limited exceptions. We will provide photocopies of x-rays, patient ledger and treatment plans. You must request your x-rays in writing. You can obtain a copy of the form using the contact information above. Depending on business volume, it may take up to 48 hours to fulfill your request.

**Disclosure Accounting:** You have a right to receive a list of instances in which we, or our business, disclosed your health information for purposes of treatment, payment, healthcare operations, and certain other activities, for the last 6 months, but not before April 14, 2003. If you request accounting more than once in a twelve month period, we may charge you a reasonable cost based fee for responding to these requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or a disclosure of your health information. We are not required to agree to these additional restrictions but, if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternate means or to alternate locations. You must make your request in writing. You must specify the alternate means or locations and provide satisfactory explanation of how payments will be handled under the alternate means or locations you request.

**Amendment:** You have the right to request that we amend access to your health information. Your request must be in writing and must explain why the information must be amended. We may deny your request under some circumstances.

**Electronic Notice:** If you receive this Notice on our web site or by e-mail, you are entitled to a written form at your request.

### **Questions and Complaints**

If you want additional information regarding our privacy practices, or, if you are concerned that we may have violated your privacy rights or you disagree with a decision we made regarding access to your health information please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services.