

Notice of Privacy Practices

Gregory F. Valeriano, D.D.S., P.A.

Recently, the United States Department of Health and Human Services (HHS) issued comprehensive regulations relating to the privacy of patient records. It is the intent of this office to comply with each of these new rules, and this policy is designed to provide a framework to accomplish this goal.

OUR LEGAL DUTY: We are required by applicable federal and state law to maintain the privacy of your health information. We are required to give you this Notice about 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 April 14, 2003, 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 the 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 the 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 end 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 will use and disclose your health information to provide, coordinate and manage health care and related services for you. For example, we will disclose information to a specialist to whom you have been referred to ensure the provider has enough information to diagnose and/or treat you. We may also disclose information to your dentist, or disclose information to a laboratory that, at our request, becomes involved in your treatment.

Payment: We may use and disclose your information to obtain payment for services we provided to you. For example, we will send the necessary information to your health or dental insurance company to obtain payment for the treatment provided. Also, to spouses, employers with direct reimbursement, administrators of flexible spending accounts, etc., to determine benefits, dates of payment etc.

Healthcare Operation: We will use and disclose your health information to conduct the business activities of this office. The activities include, but are not limited to, quality assessment and improvement activities, conducting training programs, accreditation, and certification, licensing or credentialing activities, to a third party or patient who may see or overhear incidental disclosures about your treatment, scheduling, etc. We may use a computer in the reception area where you will be asked to check in, we may also call you by name when we are ready to begin your treatment. Our patients are treated in an open bay area. We may also display your name or photo in our office displays, newsletter and as a contest winner. We may contact you to provide appointment reminders or information about treatment. If we are unable to reach you, we may leave a message with another member of the household or on your voicemail, or by sending a letter or post card to your home address.

We may use or disclose your protected health information internally to all staff members who have any role in your treatment, or with business associates that perform specific functions for our practice. When a business arrangement of this type requires the use of your information, we will have a written contract with the third party to protect the privacy of your protected health information.

Others Involved in Your Health Care: 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 or other person to the extent necessary to help with your health care or with payment for your health care, unless you object. If we determine it is in your best interest, based on our professional judgment or experience with common practices, we may allow another person to pick up medical supplies, x-rays or other forms of health information. We may use or disclose your health information to certifying, licensing and accrediting bodies (i.e. the American Board of Orthodontics, state dental boards, etc) in connection with obtaining certification, licensure or accreditation.

Emergencies: In the event of your incapacity or in emergency circumstances, we may use or disclose your protected health information to treat you. Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time in writing, except to the extent that an action has already been taken in reliance on the authorization.

Other permitted and required uses and disclosures that may be made without your authorization or opportunity to object: We may use and disclose your protected health information in the following situations without your authorization. These situations include:

Required By law: We may use or disclose your protected health information to the extent that law requires the use or disclosure the use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

We must make disclosure to you and, when required, to the Secretary of Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule, Section 164.500 et seq.

Public Health: We may disclose your protected health information for public health activities and purposes, to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. Additionally we may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of/or spreading the disease or condition.

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspection. Oversight agencies seeking this information include government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Military Activity and National Security: When the appropriate conditions apply, we may disclose to military authorities, protected health information of individuals who are Armed Forces personnel. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

Workers Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Minimum Necessary: Any information that Dr. Valeriano deems appropriate for purposes of treatment will be used and disclosed. However, if the use or disclosure of protected patient information occurs for any other reason, (i.e. for payment, reimbursement or healthcare operations, etc), the information used, disclosed or requested must be limited to the minimum degree necessary to accomplish the purpose for which the use, disclosure or request is made. Note that this restriction does not apply to uses or disclosures of the information to the patient to whom the information relates.

A patient will not be refused treatment on the basis of his/her refusal to sign the Authorization form, unless the treatment will be used for research in which case treatment may be refused at the option of Dr. Valeriano. A patient may revoke the Authorization in writing at anytime. In general, the Authorization form should be reviewed by legal counsel prior to signature by the patient.

Your Rights

Your rights with respect to your protected health information and how you may exercise those rights are outlined below.

You have a right to obtain a copy and/or inspect your health information: Health information includes treatment records, billing records and any other records used by us to make decisions about your treatment. You may obtain a form from our office to request access. A reasonable cost-based fee may be charged for expenses such as staff time, copies and postage. Contact us as indicated at the end of this Notice to obtain information about our fees or if you have any questions about your access.

You have a right to request a restriction on the use and disclosure of your protected health information: You may ask us not to use or disclose some part of your protected health information for the purposes of treatment, payment or operations. You may also request that we not disclose some part of your information to family and others who may be involved in your care or for notification purposes as otherwise described in this Notice. We are not required to agree to the restrictions, but if we do, we are obligated to abide by the agreement except in cases of emergency. You may request a restriction by sending your request in writing to our Privacy Contact Officer.

You have a right to request to receive confidential communications by alternative means or at an alternative location: We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Official.

You may have the right to request an amendment to your protected health information: You may request that we amend protected health information about you. Your request must be in writing with an explanation as to why the information should be amended. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. 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 we have made, if any, of your protected health information. This right applies to disclosures made by our Business Associates or us. It excludes disclosures for treatment, payment or healthcare operations as described in this Notice of Privacy Practices, to you, to family members or friends involved in your care, for notification purposes or as a result of an authorization signed by you. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003 for up to the previous 6 years. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations. If you request an accounting more than once in a 12 month period, we will charge you a reasonable cost-based fee for responding to the additional request.

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 electronically.

QUESTIONS OR COMPLAINTS

If you are concerned that we may have violated your privacy rights or you disagree with a decision we have made regarding access to your health information, or any other request you have made in the exercise of your right, you may send your complaint to our office to the attention of the Privacy Official. You may also submit a written complaint to the Secretary of Health and Human Services. Contact us for the address. We support your right to the privacy of your health information and we will not retaliate against you in any way for filing a complaint.

If you have any questions, concerns or want more information about our Privacy Practices, please contact our office:

Privacy Officer: Janie Wilson

Telephone 704-364-6544 Fax: 704-364-8250

Gregory F. Valeriano DDS, PA
7812 Fairview Road
Charlotte, NC 28226
704-364-6544

This notice takes effect on April 14, 2003 and will remain in effect until it is replaced or amended.