

HIPAA

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

STATEMENT OF PRIVACY PRACTICES

SCOTT W. W. STEEDMAN, DDS, MPH, PS
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LAKE STEVENS, WASHINGTON 98258

PROTECTED HEALTHCARE INFORMATION

It is important that you know not only that we limit requests for your personal information to that needed to provide quality health care, implement payment activities, and conduct normal health practice operations, but understand what "Protected Healthcare Information" is. This may include your name, address, telephone number(s), Social Security Number, employment data, dental history, health records, and/or any personal information that is unique to you.

While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

PROTECTING YOUR PERSONAL HEALTHCARE INFORMATION

We use and disclose the information we collect from you only as allowed by the HIPAA and the state of Washington. This includes when it is used and disclosed to perform treatment, obtain payment, and conduct operational activities. Your personal health information will never be otherwise given to anyone – even family members – without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Our Statement of Privacy Practices applies to all personal health information collected or created by Scott W. W. Steedman, DDS, MPH, PS or received from outside healthcare providers. This information may identify you, relate to your past, present or future physical or mental condition, the care provided, or any reference to payment for your health care.

For example, protected health information includes symptoms, test results, diagnoses, health information from other providers, as well as billing and payment information relating to these services. This information is protected because it is often part of your health or dental record, which we can use as:

1. A method of communication among health professionals who contribute to your care,
2. A legal record describing the care you received,
3. A means by which you can verify that services billed were provided,
4. A tool to educate health professionals,
5. A source of data for dental research,
6. A source of information for public health officials,
7. A source of information for facility planning,
8. A tool to assess and improve the care we provide,
9. A method by which we can provide a better understanding of your record,
10. A method by which we can ensure your record's accuracy,
11. A system to assist you to more clearly understand the circumstances and conditions in and by which others may have access to your personal information.
12. A tool for us to make more informed decisions when authorizing disclosures to others.

5. To workers' compensation agencies and self-insured employers for work-related illness or injuries.
6. To appropriate government agencies when we suspect abuse or neglect.
7. To appropriate agencies or persons when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm.
8. To organ procurement organizations to coordinate organ donation activities.
9. To law enforcement when required or allowed by law, including the Office of Civil Rights to conduct OCR investigations.
10. For court order or lawful subpoena.
11. To coroners, medical examiners, and funeral directors.
12. To government officials when required for specifically identified functions such as national security.
13. When otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining compliance with our obligations to protect the privacy of your health information.
14. If you are a member of the armed forces, we may release dental information about you as required by military command authorities. We may also release dental information about foreign military personnel to the appropriate foreign military authority.

YOUR RIGHTS TO OBJECT

Disclosure to Family, Friends, or Others. You may object to our disclosing your general health condition ("good", "fair", "critical", etc.) to an individual, or individuals, you have identified who have an active interest in your care, payment for your health care, or who may need to notify others about your general condition, location, or death. If you do not so indicate, we will use our best professional judgment to provide relevant protected health information to your family member, friend, or another identified person.

USE AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Our offices and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current, and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

Other than the uses and disclosures described above, we will not use or disclose your protected health information without your written authorization. You may revoke your written authorization, at any time unless prohibited by law, or disclosure is required for us to obtain payment for services already provided, or we have otherwise relied on the authorization.

ADDITIONAL PROTECTION OF YOUR PATIENT HEALTH INFORMATION

Special state and federal laws apply to certain classes of patient health information. For example, additional protections may apply to information about sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

BREACH NOTIFICATION

If it is found that your patient information is used or disclosed in a manner that is not consistent with the practices described in this notice, Scott W. W. Steedman, DDS, MPH, PS will fully investigate the matter to assess if there was a breach in the protection of your PHI. The assessment will be conducted to determine whether the information that was used or disclosed has significant risk of physical, financial, or reputational harm to you. If so, Scott W. W. Steedman, DDS, MPH, PS will notify you and Health and Human Services in writing.

PRIVACY NOTICE CHANGES

We are required by law to protect the privacy of your information, to provide this Statement of Privacy Practices and to follow the privacy practices that are described herein. We reserve the right to change the privacy practices described and the right to make the revised or changed Statement effective for protected health information we already have as well as any information we may receive in the future.

We have posted a copy of our current Statement for your review and reference. Additionally, each time you visit our office for treatment or health care services, you may request a copy of our current Statement of Privacy Practices. An electronic version of the notice is posted on our web site.

Smiles by Steedman
515 Hwy 9 NE, Ste 101
Lake Stevens, WA 98258

NOTICE OF PRIVACY PRACTICES OVERVIEW

Our office is dedicated to protecting the privacy rights of our patients and the confidential information entrusted to us. It is a requirement of this practice that every employee receive appropriate training and is dedicated to the principal concept that your health information will never be compromised. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect our obligations and your rights.

PROTECTING YOUR HEALTHCARE INFORMATION

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the state of WA. This includes issues relating to your treatment, payment, and our health care operations. We are dedicated the protection of your personal health information, including records, information, and documentation concerning and/or related to **substance use disorder**, that will never be given or disclosed to anyone – even family members – without your consent or written authorization. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Our offices and electronic systems are secure from unauthorized access and our employees are trained to make certain that confidentiality, integrity, and access to your records is always protected. Our privacy policy and practices apply to all former, current, and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

COLLECTING PROTECTED HEALTH INFORMATION (PHI)

We will request personal information needed only to provide our standard of quality health care, implement payment activities, conduct normal health practice operations, and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use your information for marketing or fund-raising purposes without your written consent. We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, answering machines, and postcards unless you direct us otherwise. We will never use, disclose, sell, or otherwise allow access to your personal, protected information in exchange for or receipt of financial remuneration.

Any breach in the protection of your personal health information, including unauthorized acquisition, access, use, or disclosure, will be addressed, fully investigated, and mitigated as established by the HIPAA Privacy Breach Notification Rule. You have a right to and will be provided all information relating to any breach involving your personal PHI

YOUR RIGHTS AS OUR PATIENT

You have a right to request copies of your healthcare information; to request copies in a variety of formats; and to request a list of instances in which we, or our business associates, have disclosed your protected information for uses other than stated above. All such requests must be in writing. We may charge a fee for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services.

If you'd like a full and complete copy of the extended version of our Notice of Privacy Practices, please ask at the front desk.