

HIPPA Notice of Privacy Practices

Dr. Donald G. Ashburn, Jr.

340 S. Santa Fe Ave. | Edmond OK 73003 | DonAshburnDDS.com
405.348.7775

PLEASE REVIEW CAREFULLY.

This notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health services.

How Your Health Information May Be Used

To Provide Treatment

We will use your protected health information within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist and business office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories, pharmacies or other health care personnel providing your treatment and any related services.

To Obtain Payment

Your protected health information will be used, as needed, to obtain payment for services provided to you. We may include your health information with an invoice used to collect payment for treatment rendered. We may do this with insurance forms filed for you in the mail or sent electronically. This information may also be provided to a third party agency for collection action when necessary.

To Conduct Healthcare Operations

Your health information may be used during performance evaluations of our staff. Some of the best teaching opportunities use clinical situations experienced by patients receiving care at our office. Therefore, health information may be included in training programs for students, interns, associates and business/clinical staff. In addition, we will call you by name in the reception room when our staff is ready to see you. It is possible that your information may be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

In Patient Reminders

Because we believe regular care is very important to your oral and general health, we will remind you of scheduled appointments or that it is time to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family. These communications may include postcards, folding postcards, letters, telephone calls and reminders or electronic reminders such as e-mails, text messages or other media.

For Public Health and National Security

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. This health information could be important when it is believed that public safety would benefit from the control or prevention of an epidemic or the understanding of a drug treatment or medical device. We will notify government authorities if we have reason to believe a patient is the victim of abuse, neglect or domestic violence. As permitted or required by State or Federal law, we may disclose your health information to law enforcement for certain purposes, including, under certain limited circumstances, if you are the victim of a crime or in order to report a crime. Other than is stated above or where required by Federal, State or local law, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

HIPPA Notice of Privacy Practices

Dr. Donald G. Ashburn, Jr.

340 S. Santa Fe Ave. | Edmond OK 73003 | DonAshburnDDS.com
405.348.7775

Your Rights Concerning Your Protected Health Information

To Inspect and Copy Your Health Information

You have the right to read, review and copy your health information. If you need a copy of any of your health information, please let us know in writing. We may need to charge you a reasonable fee to duplicate and assemble your records.

To Request Confidential Communication

You have the right to ask us to communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through mailed communications that are sealed. Your written request must state the specific restriction(s) requested and to whom you want the restriction(s) to apply. We will make every effort to honor your reasonable requests for confidential communications. However, our office is not required to agree to a restriction that you may request, if we believe it is in your best interest to permit the use and disclosure of your protected health information.

To Amend Your Health Information

You have the right to request that we update or modify your records if you believe your health information records are incorrect or incomplete. Please provide your request in writing and describe your reason for the proposed change. Your request may be denied if the health information record in question was not created by our office, is not part of the current records, or the record is determined to be accurate and complete.

To Document the Use of Your Health Information

You have the right to ask for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward. Thank you for limiting your request to no more than three years at a time. We may need to charge a reasonable fee for you request.

To Request a Paper Copy of This Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by our office or give us a call and we will mail a copy to you. You may express in writing, any concerns or complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We are required to practice the policies described in this notice but we do reserve the right to change the terms of this Notice.

As our valued patient, we wanted you to know about these policies and procedures that we have developed to make sure your health information will not be shared with anyone who does not require it.

Your signature below is an acknowledgement that you have reviewed this Notice of our Privacy Practices:

Patient Name (printed)

Signature of patient, or parent/guardian

_____/_____/_____
Date