

# Notice Of Privacy Practices

*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 provide you with this notice that explains our privacy practices with regard to your health information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe them in this notice.

## **Ways in Which We May Use and Disclose Your Protected Health Information:**

The following paragraphs describe different ways that we use and disclose your protected health information. We have provided an example for each category, but these examples are not meant to be exhaustive. We assure you that all of the ways we are permitted to use and disclose your health information fall within one of these categories.

**Treatment.** We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We may also disclose your health information to other doctors who may be treating you. *For example* – we would disclose your health information to a specialist to whom we have referred you for a diagnosis to help in your treatment.

**Payment.** We may use and disclose your protected health information to obtain payment for the health care services we provide you. *For example* – we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

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

## **Other Ways We May Use and Disclose Your Protected Health Information:**

**Appointment Reminders.** We may use and disclose your protected health information to contact you as a reminder about scheduled appointments or treatment.

**Others Involved in Your Care.** We may use and disclose your protected health information to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.

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

**As Required By Law.** We may use and disclose your protected health information when required to by federal, state, or local law. You will be notified of any such disclosures.

**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 national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

## Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

**A Paper Copy of This Notice.** You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy.

**Inspect and Copy.** You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request.

If you wish to inspect or copy your health information, you must submit your request in writing to our privacy/security officer, c/o Dr. John R. Crawford, D.D.S., M.S., 7851 Cooper Road, Kenosha, WI 53142. You may mail your request, or bring it to our office. We will have 30 days to respond to your request for information that we maintain at our practice site. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of the delay.

**Request Amendment.** You have the right to request that we amend your health information if you feel that it is incomplete or inaccurate. You must make this request in writing to our privacy / security officer, stating exactly what information is incomplete or inaccurate and your reasoning that supports your request.

We are permitted to deny your request under certain circumstances.

**Request Restrictions.** You have the right to request a restriction or limitation of how we use or disclose your health information for treatment, payment, or health care operations.

We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. However, if we do agree, we will comply with your request unless that information is needed for emergency treatment.

**An Accounting of Disclosures.** You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be made in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003 (the compliance date for the federal regulation) nor for a period of time greater than six years (our legal obligation to retain information).

If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Request Confidential Communications.** You have the right to request how we communicate with you to preserve your privacy. *For example* – you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

**File a Complaint.** If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our practice manager or directly to the Secretary of Health and Human Services.

To file a complaint with our practice manager, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to our practice manager, c/o Dr. John R. Crawford, D.D.S., M.S., 7851 Cooper Road, Kenosha, WI 53142. You should know that there would be no retaliation for your filing a complaint.

## Uses or Disclosures Not Covered

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

## For More Information

If you have questions or would like additional information, you may contact our practice manager  
At:

Phone: (262) 694-5272

Fax: (262) 694-3121

E-Mail: [office@crawfordortho.com](mailto:office@crawfordortho.com)

Web Site: [www.crawfordortho.com](http://www.crawfordortho.com)

### **ADDENDUM TO NOTICE OF PRIVACY PRACTICES**

THIS ADDENDUM TO THE NOTICE OF PRIVACY PRACTICES SETS FORTH WISCONSIN PRIVACY REQUIREMENTS THAT ARE IN ADDITION TO THOSE IN OUR NOTICE OF PRIVACY PRACTICES. PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

We are required by Wisconsin law to maintain the privacy of your health information.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

**Healthcare Operations:** Under Wisconsin law, we must have your written permission before we may use and disclose your health information in connection with healthcare operations other than management of our medical records and certain auditing and review activities by staff committees and review organizations.

**To Your Family and Friends and Persons Involved in Your Care:** Under Wisconsin law, we must have your written permission before we may disclose your health information, other than limited identifying information, to your family, friends, or other persons involved in your care.

**Abuse or Neglect:** Under Wisconsin law, we must have your permission before we may disclose your health information to the appropriate authorities if we believe you are the victim of domestic violence or other crimes. We may report child abuse and the abuse or neglect of a vulnerable adult as allowed by Wisconsin law.

### **PATIENT RIGHTS**

**Restrictions:** While we are allowed to determine whether we agree to your request to restrict our use and disclosure of your protected health information, Wisconsin law requires that we honor certain restriction requests by private pay patients relating to research or the release of information to government agencies.

Effective Date: 04/14/03