

IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS

EMBLEMHEALTH FAMILY DENTAL PRACTICE

PRIVACY NOTICE

Effective: June 1, 2014

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

At EmblemHealth Family Dental Practice (“EHFDP”), we respect the confidentiality of your health information. We are required by federal and state law to maintain the privacy of your health information and to provide you with this notice.

This notice explains how we use information about you and when we can share that information with others. It also informs you about your rights with respect to your health information and how you can exercise these rights.

We use security safeguards and techniques designed to protect your health information that we collect, use or disclose orally, in writing and electronically. We train our employees about our privacy policies and practices, and we limit access to your information to only those employees who need it in order to perform their business or clinical responsibilities. We do not sell information about our patients or former patients.

This notice applies to the privacy practices of EHFDP.

How We Use or Share Information

We may use or share information about you for purposes of payment, treatment and healthcare operations, including with our business associates. For example:

- **Payment:** We may use or share your information in order to bill and collect payment for the services that you received from us. For example, we may provide details concerning your treatment to your dental plan and any other third party responsible for paying for services that you receive. We may use information to bill you directly for services that you receive. We may also tell your dental plan or a referring provider about a proposed treatment to obtain prior approval or to determine whether your plan will cover the treatment.
- **Treatment:** We may use or share your information in order to treat you. For example, we may ask you to have laboratory tests or x-rays, and we may use the test results to help us reach a diagnosis and determine appropriate treatment. We may share your information with other health care providers who are involved in taking care of you. We might use your information to write a prescription for you and share your information with a pharmacy when we order a prescription for you.
- **Healthcare Operations:** We may use and share your information so that we can operate efficiently and evaluate the quality of care our patients receive. For example, we may use your information to review our treatment and services, to evaluate the performance of our staff, to decide whether

to add or eliminate services, and to determine whether new treatments are effective. We may also share your information with other providers, including students and other personnel, for review and learning purposes. We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate the provider you are seeing. We may also call you by name in the waiting room where your provider is ready to see you.

- **Business Associates:** We may share your information with others who help us conduct our business operations, provided they agree to keep your information confidential.

We may also use and share your information for the following other purposes:

- We may use or share your information to send you a reminder regarding an appointment or recommended health screenings.
- We may use or share your information with the employer or other dental plan sponsor through which you receive your dental benefits. We will not share individually identifiable health information with your benefits plan unless they promise to keep it protected and use it only for purposes relating to the administration of your dental benefits.
- We may share your information with a dental plan, provider, or health care clearinghouse that participates with us in an organized health care arrangement. We will only share your information for health care operations activities associated with the arrangement.



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- We may share your information with a dental plan that provides coverage to you for payment purposes. We may also share your information with another dental plan, provider, or health care clearinghouse that has or had a relationship with you for the purpose of quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.
- We may share your information with a family member, friend, or other person who is assisting you with your dental care or payment for your dental care. We may also share information about your location, general condition, or death to notify or help notify (including identifying and locating) a person involved with your care or to help with disaster-relief efforts. Before we share this information, we will provide you with an opportunity to object. If you are not present, or in the event of your incapacity or an emergency, we will share your information based on our professional judgment of whether the disclosure would be in your best interest.

There are also state and federal laws that allow or may require us to release your health information to others. We may share your information for the following reasons:

- We may report or share information with state and federal agencies that regulate the health care or health/dental insurance system such as the U.S. Department for Health and Human Services, the New York State Department of Financial Services and the New York State Department of Health.
- We may share information for public health and safety purposes. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems to the extent necessary to avert an imminent threat to your safety or the health or safety of others. We may report information to the appropriate authorities if we have reasonable belief that you might be a victim of abuse, neglect, domestic violence or other crimes.
- We may share information for public health and safety purposes. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- We may provide information to a court or administrative agency (for example, in response to a court order, search warrant, or subpoena).
- We may report information for certain law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause

of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.

- We may use or share information for the procurement, banking or transplantation of organs, eyes or tissues.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and protective services for the President and others, and to correctional institutions and in other law enforcement custodial situations.
- We may report information on job-related injuries because of requirements of your state worker compensation laws.
- Under certain circumstances, we may share information for the purposes of research.

Sensitive Information

Certain types of especially sensitive health information, such as HIV-related, mental health, and substance abuse treatment records, are subject to heightened protection under the law. If any state or federal law or regulation governing this type of sensitive information restricts us from using or sharing your information in any manner otherwise permitted under this Notice, we will follow the more restrictive law or regulation.

Your Authorization

Except as described in this Notice of Privacy Practices, and as permitted by applicable state or federal law, we will not use or disclose your personal information without your prior written authorization. We will also not disclose your personal information for the purposes described below without your specific prior written authorization:

- Your signed authorization is required for the use or disclosure of your protected health information for marketing purposes, except when there is a face-to-face marketing communication or when we use your protected health information to provide you with a promotional gift of nominal value.
- Your signed authorization is required for the use or disclosure of your personal information in the event that EHFDP receives remuneration for such use or disclosure, except under certain circumstances as allowed by applicable federal or state law.

If you give us written authorization and change your mind, you may revoke your written authorization at any time, except to the extent we have already acted in reliance on your authorization. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not re-disclose the information.

We have an authorization form that describes the purpose for which the information is to be used, the time period during which the authorization form will be in effect, and your right

to revoke the authorization at any time. The authorization form must be completed and signed by you or your duly authorized representative and returned to use before we will disclose any of your protected health information. You can obtain a copy of this form by requesting it from any EHFDP staff member or calling the EHFDP office at **1-518-869-1044**.

Your Rights

The following are your rights with respect to the privacy of your health information. If you would like to exercise any of the following rights, please contact us in writing at: EmblemHealth Family Dental Practice, 1873 Western Ave., Suite 200, Albany, NY 12203, Attention Business Manager. You may also call us at **1-518-869-1044**, Monday through Thursday, 7:15 am to 4:15 pm and Friday, 7:15 am to 1:15 pm.

- **You have the right to ask us to restrict how we use or disclose your information for treatment**, payment or health care operations. You may also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your dental care or payment for your dental care. Please note that while we will try to honor your request, we are not required to agree to these restrictions. However we must agree to limit disclosures made to your dental insurer or other third party payer about services we provided to you, if prior to receiving the dental services, you pay for the service in full, unless the disclosure of that information is required by law. If you require follow-up care related to the undisclosed service and you decided you do not want to pay for that follow-up care at the time it is provided to you, it may be necessary for us to tell your dental insurer about the previously undisclosed service. This will be done only to the extent necessary to receive payment for subsequent dental treatment.
- **You have the right to ask to receive confidential communications.** You can ask us to send your information to an alternative address or by alternative means, such as by fax. We may require that your request be in writing and specify the alternative means or location. We will accommodate reasonable requests. You do not need to give a reason for your request.
- **You have the right to inspect and obtain a copy** of the information that we maintain about you in your designated record set. A “designated record set” is the group of records used by or for us to make decisions about your care. This can include dental, case management and billing records. We may require that your request be in writing. We may charge a fee for copying or preparing a summary or explanation of the information and in certain situations, we may deny your request to inspect or obtain a copy of your information. If this information is in electronic format, you have a right

to obtain an electronic copy of your health information maintained in our electronic record.

- **You have a right to ask us to amend information** that we maintain in your designated record set. We may require that your request be in writing and that you provide a reason for your request. We may deny your request for an amendment if we did not create the information that you want amended and the originator remains available or for certain other reasons. If we deny your request, you may file a written statement of disagreement.
- **You have a right to receive an accounting** of certain disclosures of your information made by us for purposes other than treatment, payment or health care operations during the six years prior to your request. We may require that your request be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.

Please note that we are not required to provide an accounting for the following:

- Information disclosed or used for treatment, payment and health care operations purposes.
- Information disclosed to you or following your authorization.
- Information that is incidental to a use or disclosure otherwise permitted.
- Information disclosed to persons involved in your care or other notification purposes
- Information disclosed for national security or intelligence purposes.
- Information disclosed to correctional institutions or law enforcement officials
- Information that was disclosed or used as part of a limited data set for research, public health or health care operations purposes.

Exercising Your Rights

- You have the right to receive a paper copy of this notice upon request when you visit our offices for treatment or dental services. We must abide by the terms of this notice.
- You have the right to receive a paper copy of this notice upon request at any time. You can also view a copy of this notice on the EHFDP website. See information at the end of this document.
- We will notify you in the event of breach of your personal protected health information. We will provide this notice as soon as reasonably possible, but no later than 60 days after our discovery of the breach, or as otherwise required by applicable laws, regulations or contracts.

- If you have any questions or would like further information about this notice or about how we use or share information, please contact: EmblemHealth Family Dental Practice, 1873 Western Avenue, Suite 200, Albany, NY 12203, Attention Business Manager. You may also contact the Business Manager by calling **1-518-869-1044**, Monday through Thursday, 7:15 am to 4:15 pm and Friday, 7:15 am to 1:15 pm.
- If you believe that we may have violated your privacy rights, you may file a complaint with us by contacting: EmblemHealth Family Dental Practice, 1873 Western Avenue, Suite 200, Albany, NY 12203, Attention Business Manager. You may also contact the Business Manager by calling **1-518-869-1044**, Monday through Thursday, 7:15 am to 4:15 pm and Friday, 7:15 am to 1:15 pm. You may also notify the Secretary of the U.S. Department of Health and Human Services at the Office for Civil Rights, U.S. Department of Health and Human Services.

We will take no action against you for filing a complaint.

Personal Information After You Are No Longer A Patient

Even after you are no longer a patient, we will maintain your personal information as required by law, or regulation, or as necessary to carry out activities on your behalf. EHFDP policies and procedures that safeguard your information against inappropriate use and disclosure still apply if you are no longer a patient of EHFDP.

Changes to this Notice

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) and to make such changes effective for all health information that EHFDP maintains. When EHFDP makes a material change to our privacy practices, we will change this notice and post a copy of the revised notice in our offices. Each time you visit our office dental treatment, you may request a copy of the current notice.

Additionally, for the convenience of our patients, the Privacy Notice will also be posted on our website: **<http://familydental.emblemhealth.com>**.