

# Lyons Dental Privacy Notice

Effective date July 2008

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

1. Privacy: In accordance with the privacy regulations under the Health Insurance Portability and Accountability Act (HIPAA), Lyons Dental has adopted privacy policies regarding the use and disclosure of patients' personal health information. Lyons Dental is committed to comply with Privacy Regulations and all other laws and regulations regarding patients' right to privacy.

2. Uses and disclosures of your privacy information: Lyons Dental is permitted by law to disclose the minimum necessary personal health information for treatment, payment and dental practice operations. Treatment disclosures may be made to other dentists, physicians, laboratories and other health care providers, as necessary for appropriate treatment and care of patients. Personal health information may be disclosed to your insurance company for the purpose of obtaining payment. Personal health information may be disclosed to conduct operations such as scheduling and appointment reminders, accounting and legal services. Use and disclosure of your protected health information will be according to law, what is permitted and may include public health activities (in case of an outbreak).

3. Authorizations: Lyons Dental will not disclose your personal health information for any purpose other than what is required and permitted by law (payment, treatment and dental practice operations) without your authorized consent to

such disclosure. Upon request for such authorization, you shall have the right to refuse and/or revoke any disclosure of your personal health information. The national privacy law permits disclosing personal health information to a parent or guardian for minors.

4. Your rights as a patient: You have the right to access your dental record, to request amendments, and an accounting of disclosures we have made. Lyons Dental may deny the request for amendments under certain circumstances, for example, if it is determined that the information is accurate and complete. You have the right to issue complaints regarding privacy rights, or if you believe privacy rights have been violated. Complaints must be issued in writing and can be presented to Lyons Dental or the Secretary of the Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

4. Additional information: For additional information regarding the privacy policy, please contact staff at Lyons Dental. Lyons Dental reserves the right to change this Notice and to make the revised and changed notice effective for dental information already obtained from patients as well as for information that will be received. A copy of the current notice will be posted and you may request a copy.

The following signature acknowledges that I have received this Notice regarding my privacy rights and concerning the use and disclosure of protected health information as defined by the Privacy Regulations.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date