

**GATEWAY DENTAL CENTRE
700 FIFTH AVENUE SUITE 1616
SEATTLE, WA 98104-5000
(206) 343-8929
FAX: (206) 343-9934**

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 read it carefully.

Gateway Dental Centre respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment and Health Operations:

For Treatment:

- Information obtained by an assistant, hygienist, dentist or other member of our health care team will be recorded in your dental record and used to help decide what care may be right for you.
- We may also provide information to others providing care to you. This will help them stay informed about your care.

For Payment:

- We request information from your dental or medical insurance plan. Health plans need information from us about your dental care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

For Health Care Operations:

- We use your dental records to assess quality and improve services.
- We may use and disclose dental records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may use and disclose your information to conduct or arrange for services, including:
 - dental quality review by your health plan
 - accounting, legal, risk management and insurance services
 - audit functions, including fraud and abuse detection and compliance programs

Your Health Information Rights:

The health and billing records we create and store are the property of Gateway Dental Centre. The protected health information on it, however, generally belongs to you. You have a right to:

- Receive, read and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request to us in writing. We are not required to grant the request, but we will comply with any request that we do grant;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);
- Request that you be allowed to see and get a copy of your protected health information, subject to any State rules and regulations in place. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information – except in certain circumstances;
- Ask us to change your health information. You may give us this request in writing. We are not required to grant the request, but we will comply with any request that we do grant. You may write a statement of disagreement if your request is denied. This statement will be stored in your dental record and it will be included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The request will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location, subject to any State rules and regulations in place. Please sign, date and give us your request in writing.

- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before the revocation was sent to us. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance. Please sign, date and give us your revocation in writing.

For help with these rights during normal business hours, please contact our Clinic Director at (206) 343-8929 or write to us at: 700 Fifth Avenue Suite 1616 Seattle, WA 98104-5000.

Our Responsibilities

We Are Required To:

- Keep your protected health information private;
- Give you this Notice;
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up.

To Ask For Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information to you may contact: Our Clinic Director at (206) 343-8929 or write to us at: 700 Fifth Avenue Suite 1616 Seattle, WA 98104-5000.

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to our Clinic Director. You may also file a complaint with the United States Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the United States Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

- Unless you object, we may release health information about you to a friend or family member **who is involved in your health care**. We may also give information to someone who helps pay for your care. We may also disclose health information about you to assist in disaster relief efforts.

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose the information.

We May Use and Disclose Your Protected Health Information Without Your Authorization as Follows:

- **With Medical Researchers** - if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- **To Funeral Directors/Coroners** – consistent with applicable law to allow them to carry out their duties.
- **To Organ Procurement Organizations** – tissue donation and transplant or persons who obtain, store or transplant organs.
- **To the Food and Drug Administration (FDA)** – relating to problems with food, supplements and products.
- **To Comply with Workers’ Compensation Laws** – if you may a Workers’ Compensation claim.
- **For Public Health and Safety Purposes as Allowed or Required by Law:**
 - to prevent or reduce a serious, immediate threat to the health or safety of a person or to the public
 - to public health or legal authorities
 - to protect public health and safety
 - to prevent or control disease, injury or disability
 - to report vital statistics such as births or deaths
- **To Report Suspected Abuse or Neglect to Public Authorities.**
- **To Correctional Institutions** if you are in jail or prison as necessary for your health and the health of others.
- **For Law Enforcement Purposes** such as when we receive a subpoena, court order or other legal process, or if you are the victim of a crime.
- **For Health and Safety Oversight Activities.** For example, we may share health information with the Department of Health.
- **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.

- **For Work Related Conditions That Could Affect Employee Health.** For example, an employer may ask us to assess health risks on a job site.
- **To the Military Authorities of United States and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, we may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Web Site

- We have a Web Site that provides information about us. For your benefit, this Notice is on the Web Site at: www.gatewaydentalcentre.com.

Effective Date

The effective date of this Notice is February 10, 2003.