



10404 Beardslee Blvd. • Bothell, WA • 98011 • 425-485-9557

### **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Federal and state law requires us to maintain the privacy of your health information. That law also states we must provide you with this notice regarding our privacy practices, our legal obligations and your rights concerning your personal health information (PHI). We will follow these practices described in this notice until such time it is amended. This notice will take effect on April 14, 2003 and will remain so until we amend it.

We reserve the right to amend this notice at anytime unless prohibited by law. We have the right to make these changes effective for all personal health information we maintain, created or received prior to amendment date. Before we make any changes to our privacy practices, we will amend this notice and make the new notice available upon request.

### **OUR LEGAL DUTY**

**Our office will keep a record of the health care services we provide to you. You may ask to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may obtain more information about these rights by contacting our Privacy Officer.**

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

Our office may use and disclose your personal health information for treatment, payment and other healthcare operations in the following manner”

#### **Treatment Information**

Our office may use and disclose your health and insurance information to a referring Dentist, to your Physician and/or any other healthcare provider who is involved in your treatment past, present and future.

#### **Payment of Services Rendered**

Our office may use and disclose your information as you reported on our registration form to obtain payment for services rendered. This may be disclosed to an insurance company, any healthcare provider or entity involved in your treatment and any other agency for the use of collection purposes. These entities will be subject to the Federal Privacy Rules and Regulations.

#### **Healthcare Operations**

Our office may use and disclose your health information for our healthcare operations. We may disclose your health information to another healthcare provider or organization which you are affiliated with to support their healthcare operations. These entities will be subject to Federal Privacy Rules and Regulations. We may disclose your information to them for their own internal purposes and to detect or prevent healthcare fraud.

#### **Your Authorization**

You may give us written authorization to disclose your information to anyone for any purpose. You may revoke this privilege at anytime in writing. Revocation of your information does not affect information while permission was granted. Unless we have written authorization from you we cannot release information to anyone for any reason unless described in this notice.

#### **Your Family and Associates**

We may disclose your information to family members and associates for the purpose of aiding in your healthcare or payment for services rendered. Before any personal health information is disclosed we will give you an opportunity to decline the use or disclosure of your information. If you are unable to give consent due to absence or emergency, we will use our professional judgment to disclose in your best interest, to include: drug prescriptions, supplies, x-rays and health forms. We may disclose your health information to notify or assist another in your care, location and general condition.

#### **Appointment and Pre-Medication Information**

We may use or disclose information about you for the purpose of reminders for appointments in the form of phone calls at home or work to include voicemail messages, in the form of e-mail or text, in the form of postcards and or letters. We may also use mail and telephone for financial disclosure.

### **Disaster Policy**

We may use or disclose your health information to any entity, public or private authorized by law in the event of a disaster to assist in relief efforts.

### **Public Benefit**

We may use or disclose your health information as authorized or required by law if merited to be in the best interest of the public in the following ways:

- As required by law or Department of Health and Human Services
- For public health reporting including disease and vital statistics, reporting of child abuse, FDA oversight and to employers in regards to work related illness or injury
- In the reporting of domestic violence, adult abuse and neglect
- In response to a court order or other lawful purpose as required
- To law enforcement officials or other lawful agencies for information pertaining to crimes being investigated, crimes on our premises and for location or identifying a possible suspect in a crime
- To coroners, funeral directors or medical examiners
- To avoid serious threat to health or safety
- If requested for research activities
- To the military and federal officials for national security
- To corrections officials regarding inmates
- And as authorization by Washington Labor and Industries laws

## **PATIENTS RIGHTS**

### **Accessing Your Records**

You have the right to ask to see your records with limited exceptions. The health records we create and store are the property of the practice. The protected health information, however, generally belongs to you. You must make your request in writing. We will have a form available for your use, if you are not to use our form you may mail in your written request as directed at the end of this notice. We will comply or reply within the state and general guidelines. You will be charged a fair and reasonable fee as set forth by state and federal regulations to include copy charges, labor and postage. You may obtain more information on contacting us at the end of this notice.

### **Disclosure of Information**

You have the right to request a list of instances when our business associates or our office may have used or disclosed your health information. You may request information for 6 years back but not prior to April 14, 2003. If you request information more than 1 time in a 12 month period, a charge as stated will be assessed, not to exceed guidelines set forth by state and federal laws. Treatment, payment, healthcare operations and certain other charted information will be excluded. Please contact us as described below for any questions or requests.

### **Restrictions of Disclosure**

You have the right to restrict the use or disclosure of your health information in writing. We are not required to accept a request; however, if we do we must follow through with your request, except in emergency. Your request is not binding unless it is in writing.

### **Alternative Communication**

You have the right to request we contact you in an alternate means or location about your health information. You must make this request in writing and it must not circumvent the way you will pay for your services rendered. Your request must be reasonable and effective in contacting you.

### **Amending Your Information**

You have the right to ask us to amend your health information. Your request must be in writing along with an explanation as to why we should amend your information. There are certain circumstances in which we may deny your request.

If you want more information on our privacy practices or have questions and concerns, please contact us as specified below. If you believe your rights have been violated, your right to access was incorrectly denied, your right to amended information was incorrectly denied or we should use an alternative method of communication with you, you may contact us as described below. You may also contact the Department of Health and Human Services without retaliation or prejudice on your part. We support your right of privacy.

Provider Office: Sobczak Wencel Dentistry  
10404 Beardslee Blvd  
Bothell, WA 98011  
425-485-9557 (Monday-Thursday 7am to 5pm)  
405-402-6837 fax