

*We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice will apply to all Health information regardless of when it was made. You will receive a copy of the revised Notice upon returning to the office.*

## FOR MORE INFORMATION

If you have questions and would like additional information, you may contact the office's Privacy Officer at 706-549-2440.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Ave, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201



## **NOTICE OF PRIVACY PRACTICES**

## NOTICE OF PRIVACY PRACTICES

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.

Athens Oconee Dentistry at the Exchange makes and keeps records of medical information. We will use and disclose your medical information during the time you are a patient here:

- To provide treatment to you and keep a record of your care
- To receive payment for the care we provide
- To facilitate administrative functions
- To comply with the law

This notice summarizes the ways we may use and disclose medical information about you. It also describes your rights and our duties regarding the use and disclosure of your medical information. This notice applies to all records of your care at Athens Oconee Dentistry at the Exchange.

We are required by law

- To keep your medical information confidential in accordance with legal requirements
- To give you this Notice of our legal duties and privacy practices with respect to your medical information
- Abide by the terms of this Notice
- Accommodate with reasonable requests you may have to communicate health information

## PERSONS COVERED BY THIS NOTICE

- All employees and staff of Athens Oconee Dentistry at the Exchange
- Persons or entities performing services for Athens Oconee Dentistry at the Exchange under agreements containing privacy protections or to which disclosure of medical information is provided by law
- Persons or entities with whom Athens Oconee Dentistry at the Exchange participates in managed care
- Medical professionals in your care or performing peer review, quality improvement, medical education and other services for Athens Oconee Dentistry at the Exchange

## USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

We use and disclose medical information in the ways described below:

**Treatment:** We may use your medical information to provide medical treatment or services to you. We may disclose medical information about you to doctors, nurses, technicians, etc. involved in your treatment to permit them to carry out the work of their facility. For example, we may share health information with a specialist that we are referring you to.

**Payment:** We may use and disclose your medical information so the treatment and services you receive can be billed and collected from you, and insurance company, or another third party.

**Health Care Operations:** We may use and disclose your medical information for peer review, performance improvement, risk management, and our compliance with licensure, accreditation or certification requirements.

**Business Associates:** There are some services provided in our organizations through contacts with business associates. Examples include physician services in the emergency department and radiology, certain lab tests, etc. When these services are required, we may disclose your medical information so that they can perform the job we have asked them to do.

## YOUR HEALTH INFORMATION RIGHTS

Although your health record is the property of Athens Oconee Dentistry at the Exchange, the information belongs to you.

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record
- Obtain an accounting of disclosure of your health information
- Revoke your authorization to use or disclose your health information

Federal Law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful contact or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

You will be asked to sign acknowledging receipt of a copy of this notice. This acknowledgement will be placed in your chart.



Dr. Brent Nail

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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*\*You May Refuse to Sign This Acknowledgement\**

I, \_\_\_\_\_, have received a copy of this  
office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**For Office Use Only**

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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