PATIENT PRIVACY POLICY

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Matthew Anderson, DMD, MSD, Inc, referred to as the Practice and 'we', understands that medical information about you and your health is personal "Protected Health Information" (PHI) and the Practice is committed to protecting your medical information. PHI includes individually identifiable information about your past, present, or future health or condition, treatment rendered to you, or any payment for such health care.

The Practice uses and discloses PHI about you for treatment, payment, and health care operations.

Treatment

The Practice may disclose PHI to your insurance provider(s), other dental care providers and professionals, including healthcare providers, for treatment purposes. For example, we may contact your insurance provider to determine whether a particular procedure has been previously covered.

Payment

The Practice discloses your PHI in order to fulfill our duty to check your coverage, determine your benefits, and secure payment for services provided to you. For example, we use your PHI in order to request process of your claims by your insurance provider.

Health Care Operations

The Practice discloses your PHI as a part of certain operations, such as quality improvement. For example, we may use your PHI to evaluate the quality of dental services that were performed.

The Practice may be asked by the administrator of your dental/health insurance carrier to provide your PHI to them. Unless prohibited by law, we intend to honor such requests by your carrier.

The Practice may use or disclose your PHI without your authorization for several other reasons. Subject to certain requirements, we may give out PHI without your authorization for public health purposes, auditing purposes, and emergencies. We provide PHI when otherwise required by law, such as for law enforcement or for judicial or administrative proceedings. In any other situation, we will ask for your written authorization before using or disclosing your PHI. If you choose to sign an authorization to allow disclosure of your PHI, you can later revoke that authorization to stop any future uses and disclosures (other than for treatment, payment, and health care operations).

The Practice may change our policies at any time. Before we make a significant change in our policies, we will change our notice and send the new notice to you. You can also request a copy of our notice at any time.

Individual Rights

In most cases, you have the right to view or get a copy of your PHI. You also have the right to receive a list of certain instances where we have disclosed your PHI without your written authorization for reasons other than treatment, payment, or health care operations. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. We will consider your request but are not legally required to accept it. You also have the right to receive confidential communications of PHI by alternative means or at alternative locations if you clearly state that disclosure of all or part of your PHI could endanger you.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we have made about access to your records, you may contact us by writing to the mailing address listed on this website. You may also send a written complaint to the U.S. Department of Health and Human Services.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. If you wish to inspect your records, correct or add to the information in your record, or if you have any questions, complaints, or concerns, please contact our office.