

Privacy Policy

Introduction

Risas Dental & Braces is required by law to maintain the privacy of protected health information. Risas is also required to provide individuals with notice of our legal duties and privacy practices and to notify affected individuals following a breach of unsecured protected health information. This Notice is effective May 1, 2019. Risas Dental & Braces reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice please contact Risas using the information listed in this Notice.

How We May Use and Disclose Health Information

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories some information may be entitled to special confidentiality protections under applicable law.

Treatment

We may use and disclose your health information for your treatment. We may disclose your health information to a specialist providing treatment to you.

Payment

We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company or a third party, such as a dental health plan.

Healthcare Options

We may use and disclose your health information in connection with our healthcare operations. For example,

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Healthcare Options

to improve operations including quality assessment and improvement activities, training programs and licensing activities.

Consent

We may disclose your health information to your family or friends, or any other individual identified by you, or with authority by law, when they are involved in your care or in the payment of your care. Any representative with legal authority will be treated in the same way as you would be treated regarding your health information.

Legal Disclosure of Health Information

Disaster Relief

We may disclose your health information to assist in disaster relief efforts.

Public Health Activities

We may disclose your health information for public health activities including disclosure to: prevent or control disease, injury or disability; report child abuse or neglect; report reactions to medications or problems with products or devices; notify a person of a recall, repair, or replacement of devices; notify a person who may have been exposed to a disease, notify appropriate governmental authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence.

National Security

We may disclose to military or other government authorities, for lawful intelligence, counterintelligence and other national security activities. We may disclose health information to law enforcement or correctional authorities who have custody of an inmate or patient.

Secretary of HHS

We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Law Enforcement or Regulatory Enforcement

We may disclose your PHI for law enforcement purposes and as required by law, or in response to a subpoena or court order. We may disclose your PHI for audit, investigations, inspections and credentialing as necessary for licensure. We may release your PHI to a coroner or medical examiner or to funeral directors.

Judicial and Administrative Proceedings

We may disclose your PHI for law enforcement purposes and as required by law, or in response to a subpoena or court order. We may disclose your PHI for audit, investigations, inspections and credentialing as necessary for licensure. We may release your PHI to a coroner or medical examiner or to funeral directors.

Research

We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure privacy.

Other Uses and Disclosure of PHI

Your authorization is required, with a few exceptions, for disclosure of PHI for marketing. We will obtain your written authorization before using or disclosure your PHI for purposes other than those provided for in this Notice. You may revoke an authorization in writing at any time.

Your Health Information Rights

Access

You have the right to look at or get copies of your health information. You must make the request in writing. Records may be copied and provided to you. When applicable your records may be available in electronic copy. You may be responsible for reasonable cost-based fee for the cost of supplies and labor of copying and for postage.

Disclosure Accounting

With the exception of certain disclosures, you have the right to receive an accounting of disclosure of your health information in accordance with applicable law. You may be

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Disclosure Accounting

responsible for reasonable cost-based fees for the costs in responding to the additional requests.

Right to Request a Restriction

You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request. Any request for restriction must include what information you want to limit, whether you want to limit our use or disclosure or both, and to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations.

Alternative Communication

You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Our request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means proposed.

Amendment

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such.

Right to Notification of a Breach

You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice

You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Website or by email.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information you may submit a complaint to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact

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Email

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