

**Las Vegas Dentistry, LLC HIPAA NOTICE OF PRIVACY PRACTICES
("Notice")**

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This Notice describes the privacy practices of Las Vegas Dentistry, LLC. ("Dental Practice"). "We" and "our" means the Dental Practice. "You" and "your" means our patient. "PHI" means protected health information.

LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your PHI. We are required to give you this Notice about our privacy practices, our legal duties, and your rights. We must follow these privacy practices while this Notice is in effect.

We are required by law to:

- maintain the privacy of your protected health information;
- give you this Notice of our legal duties and privacy practices with respect to that information; and
- adhere to the terms of our Notice that is currently in effect.

This Notice takes effect (01/21/15), and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. If we make any changes in our privacy practices, the new terms are effective for all health information that we maintain, including health information we created or received before we make the changes. Any changes to this Notice will be made available upon request.

You may request a copy of this Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information below.

HOW TO CONTACT US - OUR PRIVACY OFFICIAL

If you have any questions about this Notice, write or call the Privacy Official for our Dental Practice at:

Dental Practice Name:	Las Vegas Dentistry, LLC
Privacy Official for Dental Practice:	Front Office Coordinator
Dental Practice mailing address:	2421 W. Charleston Blvd. Las Vegas, NV 89102
Dental Practice email address:	info@dentistoflasvegas.com
Dental Practice phone number:	(702) 870-3818

USES AND DISCLOSURES OF HEALTH INFORMATION

Your PHI is used or disclosed, as permitted by law, in some of the following ways:

Common Disclosures

Treatment:

We may use or disclose your PHI for your treatment, including to physicians, medical or dental staff and to other healthcare providers that may be involved in providing treatment to you.

Payment:

We may use or disclose your PHI to insurance companies, health plans, any third party payor, or as permitted by law (45 CFR 164.501), in order to obtain payment for the services we provide to you.

Healthcare Operations:

We may use or disclose your PHI in connection with our office's healthcare operations. These include standard office management, treatment and quality assessment, evaluation of provider and staff performance, evaluation for competence or qualifications of healthcare professionals, conducting training programs, accreditation, legal matters, licensing or credentialing activities.

Appointment Reminders, Treatment Options and Health Related Services:

We may disclose your health information to provide you with dental appointment reminders, other treatment options, and health related services. We may contact you in person or through phone calls, voicemail messages, text, letters, postcards, and/or emails.

Disclosure to Family, Friends, and Persons Involved in Care:

We may only disclose your PHI with a family member, friend, or other person involved in your healthcare, if you do not object, and when appropriate and to the extent necessary to help with your healthcare.

Disclosure to Business Associates:

We may disclose your PHI to our third-party service providers (also called Business Associates), that are under contract with us to perform services and functions that are necessary or as part of our office's operations. These may include, dental software management companies, dental equipment suppliers, dental labs, mailing and billing services, and the like. All our Business Associates are under obligation to protect the privacy of your information and are not allowed to disclose it other than to perform the contracted service and function towards our office.

Special Disclosures

Required by Law:

We may use or disclose your PHI to the extent necessary, when we are required to do so by law. Example; we are required to disclose patient health information to the U.S. Department of Health and Human Services so that it can investigate complaints or determine our compliance with HIPAA.

Abuse, Domestic Violence or Neglect:

We may disclose your PHI to appropriate authorities if we reasonably believe there is a possible victim of abuse, domestic violence or neglect, or other serious crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or to the health or safety of other people.

Public Health:

We may disclose your PHI to appropriate authorities for public health purposes, including; preventing or controlling disease, preventing injury or disability, reporting births or deaths, reporting child abuse or neglect, reporting adverse effects of medications or food or product defects, notify of recalls, and notify a person who may be at risk of contracting or may have been exposed to a disease or may spread a disease or condition.

Health Oversight Activities:

We may disclose your PHI to a health oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs, and compliance with certain civil rights laws.

Lawsuits and Legal Actions:

We may disclose your PHI in response to (1) a subpoena, discovery request or (2) a court or administrative order, or other lawful process that is not ordered by a court but only if an effort has been made to notify the patient or to obtain an order protecting the information requested.

Law Enforcement Purposes:

We may disclose your PHI to law enforcement for law enforcement purposes, such as identifying/locating a suspect, material witness or missing person or to alert law enforcement of crimes.

Coroners, Medical Examiners and Funeral Directors:

We may disclose your PHI to a coroner, medical examiner or funeral director in order to allow them to carry out their duties.

Organ, Eye and Tissue Donation:

We may disclose your PHI, if you are an organ donor, to organ procurement organizations or others that obtain, bank or transplant organs, eyes or tissue for donation and transplants.

Workers' Compensation:

We may disclose your PHI in order to comply with workers' compensation laws or similar programs that provide benefits for work-related illness or injuries.

Research Purposes:

We may disclose your PHI for research purposes, with your authorization or with a waiver or approval from an Institutional Review Board or Privacy Board.

National Security:

We may disclose your PHI, under certain circumstances, to: Armed Forces authorities if you are part of their personnel; to authorized federal officials the information required for lawful intelligence, counterintelligence, and other national security activities; to correctional institutions or law enforcement officials having lawful custody of an inmate or patient.

Serious Threat to Health or Safety:

We may disclose your PHI if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety.

Specialized Government Functions:

We may disclose your PHI to a military organization (domestic or foreign), if you are their member or veteran, for national security and protective services for the President or other heads of state, to the government for security clearance reviews, and to a jail or prison about its inmates.

Written Authorization Needed for Other Uses:

Your written authorization is required for any other use or disclosure of your PHI not discussed in this Notice, such as to a person of your choice, marketing and sale of information. You may revoke that authorization in writing at any time, subject to the extent of performance in reliance of the initial authorization. Your written revocation, will stop further use or disclosure your PHI going forward.

PATIENT RIGHTS

Right to Access:

You have the right to inspect copies of your PHI, with limited exceptions. Upon written request, we will provide copies of your PHI in the format you request, if it is a reasonably format. If we cannot practicably produce your requested format, we will provide digital pdf's or photocopies. We may charge a reasonable fee for expenses such as copies and staff time. You may also request access by sending us a letter to our office address in this Notice. We may deny your request under certain circumstances.

Amendments:

You may amend your PHI, if you believe it is incorrect or incomplete. Your written request must explain why the information should be amended. We may deny your request under certain circumstances.

Disclosure Accounting:

You have the right to receive a list of instances in which your PHI was disclosed for the prior 6 years from the date of request, but not before January 21, 2015, for purposes other than treatment, payment,

healthcare operations, or other exceptions provided in HIPAA § 164.528. If you request more than one (1) accounting in a 12-month period, we may charge you a reasonable fee for these additional requests.

Restrictions:

You may request in writing restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will adhere by our agreement (except in emergency situations or as required by law).

Alternative Form of Communication and/or Location:

You may request an alternate form of communication (i.e. the normal manner of communication could endanger you), for your PHI. You can request alternative means (email, fax, etc.) or an alternative location (work, other). You must submit your request in writing with the relevant information. We will accommodate reasonable requests.

Notification of Breach:

We are required to notify you if the privacy of your PHI has been breached.

Self-Pay & Disclosure Restrictions:

You may have the right to request the restriction of the disclosure of your PHI for treatment and/or payment to your insurance, health plan or other third party payor, if those services are paid in full out of your own pocket.

Special Protection for Genetic Information, HIV, Alcohol and Substance Abuse, and Mental Health:

Certain federal and state laws may require special privacy protections restricting the use and disclosure of certain health information, such as genetic information, HIV-related information, alcohol and substance abuse, and mental health. (i.e. a health plan is not permitted to use or disclose genetic information for underwriting purposes). Some parts of this Notice may not apply to these types of information. If your treatment involves this information, you may contact us for more information.

Electronic Notice:

If you receive this Notice through our Website or by electronic mail (e-mail), you are entitled to receive this Notice in paper form, upon request.

QUESTIONS AND COMPLAINTS

For more information or if you have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you by alternative means or at alternative locations, you may contact to us using the contact information listed in this Notice.

We support your right to the 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.

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (toll-free)



Las Vegas Dentistry, LLC

2421 W. Charleston Blvd. Las Vegas, NV. 89102

dentistoflasvegas.com 702-870-3818

Notice of Privacy Practices

Acknowledgement, Consent & Authorization

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information ("PHI"). I understand that my PHI can and will be used by Las Vegas Dentistry LLC ("Las Vegas Dentistry" or "LV Dentistry") generally to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment.
- Conduct normal healthcare operations such as quality assessments and physician certification.

I have been informed of Las Vegas Dentistry's Notice of Privacy Practices ("Notice"). The Notice containing a more complete description of the uses and disclosures of health information has been made available to me. I have been given the right to review such Notice prior to signing this consent.

I understand that LV Dentistry has the right to change its Notice of Privacy Practices from time to time and that I may contact LV Dentistry at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that LV Dentistry restrict how my PHI is used or disclosed regarding treatment, payment or health care operations. I also understand LV Dentistry is not required to agree to my requested restrictions.

I also understand that I can authorize Las Vegas Dentistry LLC to disclose my PHI with the person(s) I name in this authorization, in order to discuss my treatment and/or account information.

Authorization for Disclosure of Protected Health Information

I hereby authorize Las Vegas Dentistry LLC to disclose my PHI to the following recipients:

Name	Relationship	Phone

I understand that I may revoke this consent in writing at any time; subject to the extent that Las Vegas Dentistry has taken actions relying on this consent or as required by law.

Patient Name (Print)

Date

Signature

Relationship to Patient (If not the patient)