

**Dr. Greg W. Sutherland**  
**210 4<sup>th</sup> Ave SW**  
**Puyallup, WA 98371**  
**(253) 848-4537**

## NOTICE OF PRIVACY PRACTICES

**Greg W. Sutherland, D.D.S.,M.S.** and each member of his staff respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes the reason for your visit, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

### **USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

#### **FOR TREATMENT** –

. Information obtained by our orthodontic team, a referring dental care provider, or physician will be recorded in your record and used to help decide what care (treatment) may be right for you.

. We may also provide information to others providing you care. This will help them stay informed about your care (treatment).

#### **FOR PAYMENT** –

. We request payment from your dental insurance plan, or medical reimbursement plans. These plans need information from us about your care. Information provided to insurance plans may include your diagnoses, treatment procedures performed, or recommended care.

#### **FOR HEALTH CARE OPERATIONS** –

- . We use your health care records to assess quality and improve services
- . We may use and disclose your records to review the qualifications and performance of our orthodontic team and to train our staff.
- . We may contact you to remind you about appointments, by phone (answering machines & voicemail messages), e-mail (OrthoSesame®), postcards or letters.
- . If you request that we communicate with you via e-mail concerning treatment or appointments (i.e. Ortho Sesame®), we will do so only by authorization with the understanding that e-mail may not be secure, it may be intercepted and your privacy breached. We may correspond with your dentist via e-mail to coordinate your treatment.
- . We post a daily appointment schedule in areas of limited access to monitor time management of treatment procedures.
- . We will use a sign-in sheet where you will be asked to sign your name
- . We will also call you by name in the waiting room when we are ready to seat you
- . We post photos, in the waiting room, to recognize patients who begin and finish treatment, and patients who are prize-drawing winners; photos are captioned with patient's name
- . We post photos of patients who qualify for our good-brusher program; photos are captioned with patient's name
- . We may use and disclose your information to conduct or arrange for services, including:
  - . dental quality review by your dental health plan;
  - . accounting, legal, risk management, and insurance services;
  - . audit functions, including fraud and abuse detection and compliance programs.

### **YOUR HEALTH INFORMATION RIGHTS**

The health and billing records we create and store are the property of Greg W. Sutherland, D.D.S.,M.S. & P.S. The protected health information in it, generally belongs to you. You have a right to:

- . Receive, read, and ask questions about this Notice;
- . Ask us to restrict certain uses and disclosures. You **must** deliver this request in writing to us. We are not required to grant the request. But we will comply with any request granted.
- . Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);
- . Request that you be allowed to see and get a copy of your protected health information. You **must** make this request in writing. We have a form available for this type of request.
- . Have us review a denial of access to your health information – except in certain circumstances;

- . Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your dental record, and included with any release of your records.
- . When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- . Ask that your health information be given to you by another means or at another location.  
Please sign, date, and **give us your request in writing.**
- . Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

## **OUR RESPONSIBILITIES**

### **We are required to:**

- . Keep your protected health information private;
- . Keep your electronic protected health information secure;
- . Give you this Notice;
- . Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office, or website [@www.smilesbysutherland.com](http://www.smilesbysutherland.com)

### **To ask for help or complain:**

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact: Julie Culver, Compliance Officer @ 210 4<sup>th</sup> Ave SW, Puyallup, WA 98371; (253) 848-4537

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to: Julie Culver, Compliance Officer @ 210 4<sup>th</sup> Ave SW, Puyallup, WA 98371; (253) 848-4537. You may also file a complaint with the U.S. Secretary of Health and Human Services.

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

### **Notification of family and others**

- . Unless you object, we may release health/dental information about you to
  - . friend or family member who is involved in your orthodontic care, or
  - . someone who helps pay for your care.
  - . your designated contact person in case of an emergency, or in the event we are unable to contact you by any other means.

We will use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up x-rays or other similar forms of dental/health information.

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

### **We may use and disclose your protected health information without your authorization. These situations include:**

As Required by law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Disaster Relief purposes. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

**Other permitted and required uses and disclosures** will be made only with your Consent, Authorization or opportunity to object unless required by law.

### **Web Site**

We have a web site that provides information about us. For your benefit, this Notice is on the web site at this address: [www.smilesbysutherland.com](http://www.smilesbysutherland.com)

**Effective date:** April 14, 2003; revised October 8, 2008