



## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

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**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.**

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With your consent, the practice of Blake Scott, D.D.S. and Lindsey Scott, D.D.S., Inc. is permitted by federal privacy laws to make use and disclosure of your health information including treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examinations and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for services. You have the right to review this notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

### **Example of uses of your health information for treatment purposes:**

Setting up an appointment for you; examining your teeth; prescribing medications and faxing them to be filled; referring you to another doctor or clinic for other health care or services; or getting copies of your health information from another professional that you may have seen before us

### **Example of use of your health information for payment purposes:**

We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding dental treatment. We will provide information to them about you and the treatment.

### **Example of Use of Your Health Care Operations:**

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

### **Your Health Information Rights**

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted
- Obtain a paper copy of this Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office
- Request that you be allowed to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our office
- Appeal a denial of access to your protected health information
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care
- Request that communication of your health information be made by alternative or at an alternative location by delivering the request in writing to our office
- Maintain the privacy of your health information as required by law
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Lindsey Scott, D.D.S., in person or in writing, during normal hours.

### **Our Responsibilities**

The practice require to:

Blake Scott, D.D.S. and Lindsey Scott, D.D.S., Inc.  
125 E. Barstow Ave. · Ste 141 · Fresno · CA · 93710  
559 222 5331

- Maintain the privacy of your health information as required by law
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we cannot accommodate a requested restriction or request
- Accommodate reasonable requests regarding methods to communicate health information

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our "Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office.

**To Request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Lindsey Scott, D.D.S.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Lindsey Scott, D.D.S. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment. We cannot and will not, retaliate against you for filing a complaint with the Secretary.

**Other disclosures and Uses**

- **Notification**  
Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition.
- **Communication with family**  
Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.
- **Food and Drug Administration (FDA)**  
We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers Compensation**  
If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws to Workers Compensation.
- **Public Health**  
As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Abuse & Neglect**  
We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.
- **Correctional Institutions**  
If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and safety of other individuals.
- **Law Enforcement**  
We may disclose your protected health information for law enforcement purposes as required by law, such as when required a court order, or cases involving felony prosecutions, or the extent an Individual is in the custody of law enforcement.
- **Health Oversight**  
Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.
- **Judicial/Administrative Proceedings**  
We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.
- **Appointment Reminders**  
We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.
- **Other Uses**  
Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

**ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I received a copy of Drs. Blake and Lindsey Scott's Privacy Practices.

Patient name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_