

University of Iowa College of Dentistry and Dental Clinics
Notice of Privacy Practices

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

The University of Iowa College of Dentistry and Dental Clinics is required by law to maintain the privacy of protected health information (known throughout this notice as PHI), to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of PHI. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect May 30, 2015 and will remain in effect until it is replaced. This requirement applies to all patients served by the University of Iowa College of Dentistry and Dental Clinics and health information held by the University of Iowa College of Dentistry and Dental Clinics.

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, and to make new Notice provisions effective for all protected health information that we maintain. When we make an important change to our privacy practices, we will change this Notice and post the new Notice on our website at www.dentistry.uiowa.edu. We will provide copies of the new Notice upon request. You may request a copy of our Notice at any time from our clinic desks. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Use of Protected Health Information (PHI)

We may disclose your health information for different purposes, including treatment, payment and healthcare operations. The following examples describe the categories of our uses and disclosures. Please note that not every use or disclosure in each category is listed.

Treatment. We may use and disclose your medical/dental information to a dentist, physician, or other healthcare provider in our healthcare team who are involved in your care. Different healthcare professionals, such as pharmacists, lab technicians, and radiology technicians, may also share information about you in order to coordinate your care. In addition, we may send information to a dentist or physician who referred you to the University of Iowa College of Dentistry, or other healthcare providers not affiliated with the College of Dentistry who are involved with your care. At all times we will comply with any regulations that apply.

Payment. We may use and disclose your PHI to bill and collect payment for the treatment and services provided to you. For example, we may provide PHI to an insurance company or other third party payor in order to file a claim in your behalf or obtain approval for treatment.

Healthcare Operations. We may use and disclose your PHI as part of our routine operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Business Associates. We may share your health information with others called “business associates,” who perform services on our behalf. The Business Associate must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a company that prints and mails billing statements for the services we provide to you.

Appointment Reminders and Health related Benefits or Services. We may use your PHI to provide appointment reminders such as voicemail messages, postcards, letters or emails.

Individuals Involved in Your Care or Payment for Your Care. We may disclose your PHI to your family, friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to your representative. If a person has the authority by law to make healthcare decisions for you, we will treat your representative the same way we would treat you with respect to your health information.

Disaster Relief. We may use or disclose your PHI to assist in disaster relief efforts.

Required by Law. We may use or disclose your PHI when we are required to do so by law.

National Security. We may release your PHI to authorized federal officials when required by law. This information may be used to protect the President, other authorized persons or foreign heads of state, to conduct special investigations, for intelligence and other national security activities authorized by law. We may disclose to correctional institutions or law enforcement officials having lawful custody of an inmate or patient.

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

Responding to Law enforcement and Legal Process. We may disclose your PHI to government agencies and law enforcement personnel when the law requires it.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI to a court or administrative order. We also may disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Public Health Activities. We may disclose your PHI for public health activities, including disclosures to: Prevent or control disease, injury or disability; report child abuse or neglect; report reactions to medications or problems with products or appliances; notify a person of a recall, repair, or replacement of products or appliances; notify a person who may have been exposed to a disease or condition; notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and report a death.

Worker's Compensation. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Health Oversight Activities. We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and credentialing, as necessary for licensure and for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

Research. We may disclose your PHI to help conduct research when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners and Funeral Directors. We may release your PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Disclosures to Family, Friends, or Others. You may authorize us to provide your PHI to a family member, friend, or other person in writing by signing our Authorization for Release of Protected Health Information. The signed authorization form states who is involved in your dental care and/or your financial payments. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action.

Your Patient Rights Regarding PHI

You have the right to:

Access. You have the right to review or get copies of your PHI. To obtain access to your PHI you must make the request in writing by using our Consent to Release Health Information authorization form or sending a letter to the Privacy Official. You may obtain a form to request access by using the contact information listed at the end of this Notice. A reasonable cost-based fee will be charged to make copies of radiographs, facsimiles, or other formats of PHI. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Request restrictions. You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official listed at the end of Notice. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to grant your request except in the case where the disclosure is to a health plan for the purposes of carrying out payment or healthcare operations and the information pertains solely to a healthcare item or service for which you, or a person on your behalf (other than the health plan) has paid us in full.

If you pay for a service or dental care item out-of-pocket in full, you can request us not to disclose your PHI to your insurance company unless a law requires us to share your information. You may notify our Business Office at the contact information at end of this Notice to request this.

Disclosure accounting. With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official listed at the end of this Notice. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

Request confidential communications. 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 and must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location (see Business Office contact information listed at the end of this Notice). We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Amend information. You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. This request should then be sent to the Privacy Official contact information listed at the end of this Notice. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Notification of a breach. You will receive notifications of breaches of your PHI 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 Web site or by electronic mail (email).

Questions and Complaints

You may contact us if:

- You would like more information about our privacy practices
- You wish to comment on a request you made to amend, restrict the use or disclosure of your PHI
- You disagree with a decision we have made about access to your PHI
- You feel that we may have violated your privacy rights

To file a complaint with the College of Dentistry and Dental Clinics, contact the Privacy Official listed in the contact information at the end of this Notice. We support your right to the privacy of your PHI. You also may submit a written complaint to the U.S. Department of Health and Human Services at the address at the end of this Notice. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Resources.

Contact Information

Request a Restriction to Your PHI File a Privacy Complaint	Privacy Officer Clinic Administration University of Iowa College of Dentistry and Dental Clinics 440 DSB West Iowa City, IA 52242 319-335-7431
---	--

<p>Inspect and Copy Your Billing Records Amend Your Billing Records</p>	<p>Business Office University of Iowa College of Dentistry and Dental Clinics 101 DSB North Iowa City, IA 52242 319-335-7440</p>
<p>Inspect and Copy PHI Request Amendment to Your PHI Revoke Your Permission to Disclose Your PHI</p>	<p>Central Records University of Iowa College of Dentistry and Dental Clinics 203 DSB North Iowa City, IA 52242 319-335-7429</p>

If you would like to file a complaint with the Secretary of the U.S. Department of Health and Human Services, please contact:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

1-877-696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints/