

David A. Huber, D.M.D., PC

213 East Main Street
Evans City, PA 16033
724-538-8480

Notice of Privacy Practices

Effective 4-14-2003

Summary

At the office of David A. Huber, D.M.D. we are committed to protecting the privacy of your health information, as federal and state laws require. We are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We reserve the right to change our privacy practices. You may request a copy of our notice at any time. If you believe your privacy has been violated, you may file a complaint directly with us by using the information found at the end of this policy.

Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, and health care operations. For example:

Treatment: We may use your health information for treatment or disclose it to a dentist, physician or other health care provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. We may also disclose your health information to another health care provider or entity for payment activities.

Healthcare Operations: We may use and share your health information so that we, or others that have provided treatment to you, can better operate the office.

On Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time.

To Your Family and Friends: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. Before we disclose your health information to these people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We may 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 filled prescriptions, medical supplies, x-rays, or other similar forms of health information. We may use or disclose information about you to notify or assist in notifying a person involved in your care, of your location and general condition.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters.)

Disaster Relief: We may use or disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- as required by law;
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- To report adult abuse, neglect, or domestic violence;
- To health oversight agencies;
- In response to court and administrative orders and other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or location a suspect or other person;
- To coroners, medical examiners, and funeral directors;
- To avert a serious threat to health or safety;
- In connection with certain research activities;
- To the military and to federal officials for lawful intelligence, Counterintelligence, and national security activities;
- As authorized by state worker's compensation laws.

Patient Rights

Access: You have the right to look at or get copies of your health information. You must make a request in writing to obtain access to your health information.

Disclosure Accounting: You have the right to receive a list of instances in which our business associates or we disclosed your health information over the last 6 years (but not before April 14, 2003). That list will not include disclosures for treatment, payment, and health care operations, as authorized by you. You must make this request in writing.

Restriction: You have the right to ask us to limit the health information we use or share with others about you for treatment, payment, or health care operations. You also have the right to ask us to limit health information that we share with someone who is involved in your care or payment for your care, like a family member or friend. You must make this request in writing.

Alternative Communication: You have the right to ask that we contact you about your health information in a certain way or at a certain location that you believe provides you with greater privacy. You must make your request in writing.

Questions and Complaints:

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with their address upon request. 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.

Contact Person: Sue Ann Jones – Office Manager

Contact Address and Phone Number:

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