

**Landon Cansler DMD, PLLC**  
**Notice of Privacy Practices**

**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. If you have any questions about this Notice please contact the Privacy Officer at 828-464-4722.**

**Effective Date: May 1, 2022**

**Revised: June 16, 2022**

We are committed to protect the privacy of your personal health information (PHI). This Notice of Privacy Practices (Notice) describes how we may use and disclose (share outside of our practice) your PHI to carry out treatment, payment or health care operations. We may share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI.

We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change this Notice at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by:

- Posting the new Notice in our office.
- If requested, making copies of the new Notice available in our office or by mail.
- Posting the revised Notice on our website: [www.canslerfamilydentistry.com](http://www.canslerfamilydentistry.com)

**Uses and Disclosures of Protected Health Information**

**We may use or disclose (share) your PHI to provide health care treatment for you.**

Your PHI may be used and disclosed by your dentist, our office staff and others outside of our office that are involved in providing health care services to you.

**We may use or disclose your PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. We may share information with your health plan to determine if the service will be paid for. Information may be disclosed to:**

- Billing companies
- Insurance companies, health plans
- Government agencies in order to assist with qualification of benefits
- Collection agencies

**We may use or disclose your PHI to support the health care business activities of this practice.**

Examples:

- Training billing personnel to help them learn or improve their skills.
- Quality improvement processes that will provide safer, more effective care for you.
- Use of information to assist in resolving problems or complaints within the practice.

**We may use and disclose your PHI in other situations without your permission:**

- If required by law: The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, we may be required to report suspected abuse or neglect.
- Public health activities: The disclosure will be made for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

### **Your Privacy Rights**

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing to the privacy officer.

#### **You have the right to see and obtain a copy of your protected health information.**

You may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. If requested we will provide you a copy of your records in an electronic format. There are some exceptions to records that may be copied and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records.

#### **You have the right to request a restriction of your protected health information.**

You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request we will honor the restriction request unless the information is needed to provide emergency treatment. There is one exception: we must accept a request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product, unless required by law.

#### **You have the right to request for us to communicate in different ways or in different locations.**

We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

#### **You may have the right to request an amendment of your health information.**

You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

**You have the right to a list of people or organizations who have received your health information from us.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six years or a shorter timeframe. If you request more than one list within a 12-month period you may be charged a reasonable fee.

### **Additional Privacy Rights**

You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible. You have a right to receive notification of any breach of your protected health information.

### **Complaints**

If you think we have violated your rights or you have a complaint about our privacy practices you can contact the **office manager at 828-464-4722**. If the office manager does not resolve your complaint, you may then complain to the United States Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

- Health oversight agencies: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies include government agencies that oversee the health care system, government benefit programs, and government regulatory programs.
- Legal proceedings: To assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.
- Police or other law enforcement purposes: The release of PHI will meet all applicable legal requirements for release.
- Coroners, funeral directors: We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death, or to perform other duties authorized by law.
- Medical research: We may disclose your protected health information to researchers when an institutional review board has approved their privacy practices.
- Special government purposes: Information may be shared for national security purposes. If you are a member of the military, PHI may be given to the military under limited circumstances.
- Correctional institutions: If you are an inmate or under legal custody, information may be shared when necessary to the health and safety of you or other individuals.
- Workers' Compensation: We may disclose your PHI to comply with workers' compensation laws and other similar programs.

#### **Other uses and disclosures of your health information**

Business Associates: Some services are provided through the use of contracted entities called "business associates". We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include appointment reminder services and back-up data storage companies.

Health Information Exchange: We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.

Treatment alternatives: We may provide you notice of treatment options or other health related services that may improve your overall health.

#### **We may use or disclose your PHI in the following situations UNLESS you object.**

- We may share your information with friends or family members, or other persons identified by you who are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider, using professional judgment, will determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to our office unless you tell us specifically not to share the information.
- We may use or disclose PHI to notify a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.
- We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative. Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.