

**HIPAA NOTICE OF PRIVACY PRACTICES for  
Smithfield Family Dentistry, Creedmoor Family Dentistry, Pittsboro Family Dentistry  
Roxboro Family Dentistry, Leland Family Dentistry and Koren Dental Management, Inc.**

---

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review the information carefully. The privacy of your health information is important to our office. Please review carefully.  
Effective August 2007, Revised June 2014

**OUR LEGAL DUTY**

We are required by law to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI. We must protect PHI that we have created or received about: your past, present or future health condition; health care we provide to you; or payment for your health care. We must explain how we protect PHI about you. We must explain how, when and why we use and/or disclose PHI about you. We may only use and/or disclose PHI as we have described in this Notice.

This notice describes the types of uses and disclosures we may make and gives you some examples. In addition, we may make other uses disclosures which occur as a byproduct of permitted uses and disclosures described in this Notice. All providers in our company will share PHI with each other, as necessary to carry out treatment, payment or health care operations.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices.
- Making copies of the revised notice available upon request.
- Posting the revised notice on our website, [www.KorenDentistry.com](http://www.KorenDentistry.com)

**USES AND DISCLOSURES**

For some uses and/or disclosures of PHI about you, we will obtain your general consent; for other uses and/or disclosures of PHI about you, we will obtain your authorization; and, in some circumstances, we may use and/or disclose PHI about you without your authorization.

Federal law requires us to protect the privacy of PHI about you. In addition, North Carolina law protect not only your rights of privacy, but also your relationship with your physician and, if applicable, your mental health provider. State law restricts our disclosure (and that of your physician or mental health provider) of your health information in many instances. However, we may disclose your health information under state and Federal law for treatment, payments, and health care operation, with your permission, pursuant to a court order, or as otherwise may be permitted or require by law. We will request that you sign a “general consent for treatment” form which asks for your permission to provide treatment to you and provider other information and consents. This “general consent for treatment” also ask for you to sign a statement confirming that you have received a copy of this Notice. This “general consent for treatment” is different from an “authorization” that is mentions in other parts of this Notice.

- 1. North Carolina state law and Federal law allow us to use and disclose PHI about you for the purposes of: providing treatment to you, obtaining payment for these services, and for health care operations. These purposes are described below.**

**Treatment:** We need to use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communication with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we need to use and disclose PHI about you, both inside and outside our offices when you need a prescription, lab work or other health care services. In addition, we need to use and disclose PHI about you when referring you to another health care provider outside the company.

Example: A dentist, dental hygienist or assistant treating you may need to know if you have diabetes because diabetes may slow the healing process. The dentist, dental hygienist or assistant may contact your physician for information regarding your health and also share and disclose PHI about you in order to treat you properly.

**Payment:** We need to use and disclose PHI about you in order to bill and collect payment for treatment and services provided to you. Sharing information allows us to ask for coverage under your plan or policy, determine eligibility for services and approval for services. Examples of parties that we may disclose to for these purposes are billing departments, collection departments, collection agencies, attorneys assisting with collections, including the State of North Carolina Office of the Attorney General, insurance companies, health plans and their agents which may be responsible for payment of your health care bills, consumer reporting agencies and other who are responsible for your bills, such as your spouse or guarantor of your bills, as necessary for us to collect payment.

Example: You have tooth removed and replaced with a bridge. We will need to disclose PHI about you to your health plan, insurance company, our billing department and our claim clearing house in order to receive appropriate payments for the services.

You can elect to restrict our disclosure of PHI about you provided you choose to pay for services in full out of pocket and have no expectation of claims to be filed and monies to be collected from your insurance company.

**Healthcare Operations:** We need to use and disclose PHI about you in performing business activities, which we call “health care operations”. “Health care operations” allow us to improve the quality of care we provide and reduce the health care costs. In addition, we may need to disclose PHI about you for the “health care operations” of other providers involved in your care to improve the quality, efficiency and their care or to evaluate and improve the performance of the providers. Examples of the way we may need to use or disclose PHI about you for “health care operations” include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and other patients. This would help assist our health care providers and staff in deciding what dental treatment should be provided to others.
- Improving health care and lowering costs for groups of people who have similar medical or dental problems and to help manage and coordinate the care for these groups of people. This could include treatment alternatives, classes or new procedures.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees. Health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of care we and others provide. This could include government agencies, accrediting bodies such as the American Dental Association Commission on Dental Education.
- Assisting various people who review our activities. This could include accountants, lawyers and other who assist us in complying with applicable laws.
- Planning for our organizations future operations, and fundraising for the benefit of our organization.
- Conducting business management and general administrative activities related to our organization and the services it provides such as activities performed for risk management and legal purposes.
- Resolving grievances within our organization.
- Review activities and using or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else.
- Complying with this Notice and applicable laws.

**Business Associates:** There are some services we provide through outside individuals or companies, including vendors, contracted health care providers, offsite storage facilities, and liability insurance carriers. These individuals or companies, call “Business Associates”, are required by law to provide appropriate safeguards and procedures for privacy and security of PHI entrusted to them under the contract.

2. **Your Authorization:** We may use and/or disclose PHI in some circumstances only with your authorization. In the event we may seek to use and/or disclose PHI about you for marketing purposes, or sell PHI about you, we will only do so after obtaining your authorization. For any other use/and or disclosure of PHI about you not otherwise described in this Notice of Privacy Practices, we will seek your authorization.
3. **We may use and disclose PHI under other circumstances without your authorization or providing you with an opportunity to agree or object.** We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. However, some North Carolina laws regarding specific types of treatment may provide you with more protection, and those special protections are discussed in subsection B4 below. The circumstances in which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object, include:
  - When the use and/or disclose is required by law such as federal, state or local law or other judicial or administrative proceeding.
  - When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition (subject to the special restrictions discussed in subsection B5 below)
  - When the disclosure related to victims of abuse, neglect or domestic violence.
  - When the use and/or disclosure is for health oversight activities.
  - When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
  - When the disclosure is for law enforcement purposes required for reporting certain types of wounds or other physical injuries.
  - When the use and/or disclosure related to decedents such as coroner or medical examiner for the purposes of identifying you should you die.

- When the use and/or disclosure relates to research.
- When the use and/or disclosure is to protect against a serious threat to health or safety to help prevent or lessen a serious and imminent threat to the health or safety of person or the public.
- When the use and/or disclosure related to specialized government functions such as military or veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations.
- When the use and/or disclosure is required under North Carolina's laws regarding workers' compensation this could include employer representatives, compensations carriers and others involved in resolving a work related injury or illness for you.

4. **You can object to certain uses and disclosures.** Unless you object, we may use or disclose PHI about you in the following circumstances (subject to the special restrictions discussed in subsection B5 below)

- We may share with a family member, relative, friend of other person identified y you, PHI directly related to that persons involvement in your care or payment for your care. We may share with a family member, authorized representative, or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
- We may share with a public or private agency (American Red Cross) PHI about your for disaster relief purposes. Even if you object we may share PHI about you if necessary or the emergency situation.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please indicate clearly on your release.

5. **You may have additional rights under other laws.** Some North Carolina laws provide you with more protection for specific types of information than federal laws protecting the privacy of medical information about you, and where applicable, we will follow the requirements of those state laws. Some of these laws are discussed in other sections above. In additional, the following laws may apply to our treatment of you:

- If you have one of several specific communicable diseases (for example tuberculosis, syphilis or HIV/AIDS), information about your disease will be treatment as confidential and will be disclosed without your written permission only in limited circumstances. We may not need to obtain your permission to report the information about your communicable disease to State and local officials or to otherwise use or release information in order to protect again the spread of the disease.
- In connection with its supervision of our services, the North Carolina Department of Health and Human Services may make inspections of our operations and may review health information of our patients. Before we release any health information relating to you this agency, we will provide with written notice and the opportunity to object to this release.
- North Carolina law generally requires that we obtain your written consent before we may disclose health information related to your mental health, developmental disabilities, or substance abuse services. These are some exceptions to this requirement. We can disclose this health information to members of our workforce, our professional advisors, and to agencies or individuals that oversee our operations or that help us carry out our responsibilities in serving you. We also may disclose information to the following people: (i) a health care provider who is providing emergency medical services to you and (ii) to other mental health, developmental disabilities, and substance abuse facilities or professionals when necessary to coordinate your care or treatment. If we determine that there in an imminent threat to your health or safety, or the health or safety of someone else, we may disclose information about you to prevent or lessen the threat. We also will release information about you if the law require us to do so, for example, when a court orders discloser, when we suspect abuse or neglect of a child or disabled adult, and when one of our providers or students believes that a client has a communicable disease or is infected with HIV and is not following safety measures. If we believe it is in your best interests, we may disclose information about you for a guardianship or involuntary commitment proceeding that involves you.
- If we suspect that a child is abused or neglected, state law requires us to report the abuse or neglect to the Department of Social Services. We will disclose information about you if a court orders us to do so. If you commit a crime, or threaten to commit a crime, on the premises of our program or against our program personnel, we may report information about the crime or threat to law enforcement officers.
- Certain professional licensing rules and ethical standards may provide more protection for health information, and where applicable, we will follow those rules.

6. **We may contact you to provide appointment reminders.** We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for dental care.

7. **We may contact you with information about treatment, services, products or health care providers.** We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products, and/or other healthcare providers. We may also use and/or disclose PHI to give you gifts of small value. For example if you are diagnosed with gum disease we may contact you about related services that become available to treat you.
8. **We may contact you for fundraising activities.** We may use and/or disclose PHI about you, including disclosure to a foundation, to contact you to raise money for the School and its operations. We may release treating providers, departments of service, and outcome information related to treatment or services you received, your insurance status, and demographic information about you (including address, contact information, age, date of birth and gender), as well as the dated you received treatment or services from us. Every fund raising communication from us to you will provide you with an opportunity and means to opt out of receiving such communications in the future.

**Any other use or disclosure of PHI about you requires your written authorization.**

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing by contacting our HIPAA Liaison. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

## **YOUR RIGHTS**

1. **You have the right to request restrictions on uses and disclosure of PHI about you.** You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions in most circumstances. However, even if we agree to your request, in certain situations your restriction may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection B2 of the previous section of the notice. We must agree to your request to restrict disclosure of PHI about you which pertains solely to a health care item or service for which you, or another on your behalf, have paid in full out of pocket, if such disclosure is to a health plan for the purpose of carrying out payment or health care operations.
2. **You have the right to request different ways to communicate with you.** You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable request, but, when appropriate, may condition the accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact.
3. **You have the right to see and copy PHI about you.** You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. You have the right to receive your copy of PHI in its original electronic version if possible or, if not possible, in another electronic format that is mutually agreeable to you and us. Your request must be in writing. We reserve the right to charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.
4. **You have the right to request amendment of PHI about you.** You have the right to request that we make amendments to clinical, billing, and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us written statement disagreeing with the denial. If we accept your request to amend, including persons you name you have received PHI about you and who need the amendment.
5. **You have a right to a listing of disclosures we have made.** If you ask our contact person in writing, you have the right to receive a written list of certain disclosures we have made of PHI about you. You may ask for disclosures made up to six(6) years before your request. We are required to provide a listing of all disclosures except the following

- for your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in subsection B3 above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and other law enforcement custodial situations (please see subsection B2 above) and
- As part of a limited set of information which does not contain certain information which would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information, such as the name and a brief description of the protocol or research activity, a brief description of the type of PHI disclosed, the date or period of disclosure, and contact information for the research sponsor and the researcher to whom PHI was disclosed.

If you request a list of disclosures more than once in a 12 months, we can charge you a reasonable fee. You may request a listing of disclosures in writing.

- 6. You have the right to breach notification.** You have the right to receive notice in the event of a breach of your unsecured PHI.
- 7. You have the right to a copy of this Notice.** You have the right to request a paper copy of this Notice at any time. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible.)

### **FILING A COMPLAINT**

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact the person listed below.

Koren Dental Management, Inc  
 Laurie Frederick  
[lfrederick@korendentistry.com](mailto:lfrederick@korendentistry.com)  
 919-528-0800

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information can be found on the website for the Office of Civil Rights at [www.hhs.gov/ocr](http://www.hhs.gov/ocr)

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

### **EFFECTIVE DATE**

This Notice of Privacy Practices is effective on 6-1-2014