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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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your healthcare records for the purposes of treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. For example, we may need to share information with other providers or specialists involved in the continuation of your care.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we disclose treatment information when billing a dental plan for your dental services.

- **Health Care Operations** include aspects of running our practice. For example, patient information may be used for training purposes, or quality assessment.
- **Internal Marketing** includes patient Welcome Letters, our Kids- No Cavity Board, Sugarbugs postcards for our young patients, and “Thank You for Your Referral” cards.
- **Open Bay Concept** means providing, coordinating, and managing dental care in open treatment rooms, providing a friendly family environment.

Unless you request otherwise, we may use or disclose health information to a family member, friend, or other personal representative to the extent necessary to help with your healthcare or with payment for your healthcare. In addition, we may use your confidential information to remind you of appointments by sending reminder postcards, emails, and/or leaving messages at your home or workplace. We may also label charts for indication of antibiotic pre-medication. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your protected health information, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to access inspect and copy your protected health information.
- The right to request an amendment to your protected health information.
- The right to receive an accounting of disclosures of protected health information outside of treatment, payment and healthcare operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services; Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:

Matthew A. Fisher, D.D.S. or
James M. Jones, D.D.S.
Fisher Jones Family Dentistry
2415 Pacific Avenue SE
Olympia, WA 98501
360/943-4644

For more information about HIPAA or to file a complaint:
U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue SW
Washington D.C. 20201
877/696-6775 (toll free)

Notice of Privacy Practices-Acknowledgement

We keep a record of the healthcare services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Dr. Matthew Fisher or Dr. James Jones at the address listed above.

Our Notice of Privacy Practices describes in detail how your health information may be used and disclosed, and how you can access your information.

By my signature below, I acknowledge that I have read and understand my rights contained within the Notice of Privacy Practices.

Patient Name:_____

Patient or Legally Authorized Individual Signature

Date

Printed Name if signed on behalf of the patient

Relationship