



Dr. Louise C. De Felice, DDS
4703 N. Maple Street
Spokane, WA 99205
P: 509-327-7719 | F: 509-327-7110
www.defelicedentistry.com

NOTICE OF HIPAA PRIVACY PRACTICES

AND DENTIST'S POLICIES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY, THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

LAWFUL REQUIREMENT

As required by the Health Insurance Portability and Accountability Act we must maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. This Notice takes effect (04/14/2003), and will remain in effect until we replace it. 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. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

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

Treatment:

We may use or disclose your health information to a physician or other healthcare professional providing treatment to you.

Payment:

We may disclose your health information to obtain payment for services we provide to you.

Healthcare Operations:

We may use and disclose your health information in connection with our healthcare operations. Healthcare operations at DeFelice Dentistry include administrative, financial, legal, and quality improvement activities necessary to run our practice and support the core functions of treatment and payment.



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Your Authorization:

In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us a 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. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Family/Friends/personal representatives (s):

We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other personal representative to the extent necessary to help with your healthcare, but only if you agree that we may do so.

Marketing Health-Related Services:

We will not use your health information for marketing communications without your written authorization.

Required by Law:

We may disclose your health information when we are required to do so by law.

Abuse or Neglect:

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health and safety of others.

Appointment Reminders:

We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, emails, or text messages). We utilize a business associate Solution Reach to assist our practice with electronic appointment reminders. This business associate, Solution Reach, has met HIPAA privacy requirements and signed a business associate contract.

PATIENT RIGHTS

Access:

You have the right obtain copies of your health information. A written records request must be submitted documenting dates and reason for the request. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot reasonably do so. We reserve the right to charge you a lawful fee for incurred administrative and supply expenses. These fees include \$25 per hour to locate records, pages 1-30 are \$1.12 per page, pages 31+ are .84 per page, postage of \$.46 per ounce (if mailed).



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Disclosure Accounting:

You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, but not before the effective date of April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee for responding to these additional requests.

Restriction:

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by your agreement (except in an emergency).

Alternative Communication:

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Your written request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment:

You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

PATIENT RESPONSIBILITIES

Knowledge of health insurance information:

Our administrative staff will make a substantial effort to assist you with research and communication regarding your specific dental and/or medical benefits. It is ultimately your responsibility to contact your insurance company with questions concerning eligibility, benefits, and payments. Please understand an estimate of benefits is not guarantee of payment, actual benefits will be determined at the time a claim is received.

Appointment Policy:

We will make every effort to accommodate you by *reserving* appointment times to fit your schedule. However, we request you respect Dr. Louise and her team by keeping your appointments. Last minute cancelations or rescheduling of *reserved* appointments cause hardships for all of us. We require 24 hrs notice of a cancelation or reschedule, otherwise the charge for a broken appointment is \$75 due at the time of the next appointment.

If you have any questions regarding information contained in this Notice, please contact our office.

info@defelicedentistry.com

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