

NOTICE OF PRIVACY PRACTICES
COTTAGE DENTAL CARE, LLC
OFFICE OF DENNIS R. KRUG, D.D.S.

(Effective September 3, 2013)

THIS NOTICE OF PRIVACY PRACTICES (NOTICE) DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We at Cottage Dental Care, LLC, are committed to complete health dentistry in the provision of services to our patients. Our professional staff, including our dentist and hygienists, dental assistants, office staff and volunteers will follow the privacy practices contained in this Notice of Privacy Practices.

We understand that your health and your health care information are very important and personal to you, and, as a result, we will strive to protect your privacy. We will only use and disclose your protected health care information (**PHI**) as allowed by law.

We are required by law to maintain the privacy of your PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify you if a breach of your PHI occurs.

GENERAL USES AND DISCLOSURES

In general, we will allow our dentist, hygienists, dental assistants, and office staff to use or disclose your PHI for the following purposes:

- **Treatment.** For example, we will allow the dentist, the hygienists, and the dental assistants to access your medical record for the purpose of treating you. Others involved in your care may also access your record.
- **Payment.** For example, we may give your health insurance company enough information about your condition and treatment to support its payment for your care.
- **Health Care Operations.** For example, we may review your information to evaluate the performance of our staff or to confirm compliance with federal and state laws, rules and regulations.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders or to inform you about possible treatment options, alternatives or other health-related benefits and services that may be of interest to you, or as required by law.

OTHER USES AND DISCLOSURES

We may use or disclose your PHI in special situations set forth in federal and state law, such as the following:

- **Public Health Activities.** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse, elder abuse or neglect.
- **Health Oversight Activities.** We may disclose your PHI to a health agency for its oversight activities such as audits, inspections, and investigations.
- **Law Enforcement.** We may disclose PHI for law enforcement purposes, including disclosures in response to limited information requests for identification and location purposes and disclosures pertaining to victims of a crime.
- **Prevent Serious Threat to Health or Safety.** We may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Inmates.** PHI about inmates of correctional institutions may be released to the institution.
- **Workers' Compensation.** Your PHI regarding benefits for work-related accidents may be released, as appropriate.
- **Business Associates.** Treatment, payment, and operation functions through business associates (e.g. to install a new computer system).
- **Required by Law.** We may use or disclose your PHI when we are required to do so by law, such as when we are complying with a court order.
- **Decedents.** Your PHI may be disclosed to coroners, medical examiners, or funeral directors, as necessary for carrying out their duties.

OTHER USES OF YOUR PHI

- Other than face-to-face conversations about services and treatment options and alternatives, we will not use your PHI for marketing purposes without your authorization.

- Other than as provided herein or as allowed by law, we will ask for your written authorization before using or disclosing your PHI, billing or personal information.
- When applicable, if you choose to authorize the use or disclosure of your medical, billing or personal information, you may later revoke such authorization by notifying us, in writing, of your decision, except to the extent that we have already taken actions relying on your authorization.

YOUR RIGHTS

Under the Notice of Privacy Practices, you have the following rights:

- **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, close personal friends, or any other person identified by you who may be involved in your care or not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You must state the specific restriction requested and to whom you want the restriction to apply. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, however, we must abide by it unless you agree in writing to remove it.
- **Right to Receive Confidential Information.** You have the right to request, such as sending mail to an address other than your home. You must notify us in writing of the specific manner or location for us to use to communicate with you. You also have the right to receive PHI via unsecured (unencrypted) e-mail if you so request. However, there may be some level of risk that your PHI in the e-mail could be read by a third party, and we are not responsible for the unauthorized access of your PHI while in transmission to you and we are not responsible for safeguarding PHI once it is delivered to you.
- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI and billing record.
- **Right to Request Amendment.** You have the right to request an amendment to your PHI, if for example, you believe information is incorrect or incomplete. If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment, in writing, and include the reason you are requesting the amendment. We are, however, not required to accept the amendment, if, for example, the PHI was (i) not created by us; (ii) is not part of the medical or billing information maintained by us, or, (iii) if we determine that the record is accurate. If we do not

accept your requested amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement. We will provide you with a copy of any such rebuttal.

- **Right to Accounting of Disclosure.** You have the right to receive an accounting of disclosures of your PHI for reasons other than treatment, payment or healthcare operations or without your authorization. Your written request must identify a time period, which must be less than a six (6) year time and after April 14, 2003. You may receive the list in a printed format and there may be a cost associated with your request.
- **Right to Obtain Paper Copy.** You have the right to obtain a paper copy of the Notice of Privacy Practices.

CURRENT NOTICE AND CHANGES TO NOTICE

This Notice of Privacy Practices is effective September 3, 2013, and we are required to abide by the terms of this Notice of Privacy Practices. We, however, reserve the right to change the terms of this Notice and to make the new notice provisions effective for PHI that we maintain. We will post on our website any revised Notice, and, upon request to this Office, we will make a written copy of this Notice available to you.

COMPLAINTS

If you are concerned that your privacy rights may have been violated or if you disagree with a decision made about your PHI, you may:

- Contact the Privacy Officer for this Office

Cottage Dental Care, LLC
 Privacy Officer
 P.O. Box 385
 Normal, Illinois 61761
 (309) 828-1463

- File a complaint with the U.S. Department of Health and Human Services Office of Civil Rights (OCR) at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

If you need help filing a complaint or have a question about the complaint or consent forms, you may e-mail OCR at OCRAMail@hhs.gov or request help from the Privacy Officer listed in this Notice. You will not be retaliated against for filing a complaint.

If you need any additional information, please do not hesitate to contact our office at (309) 828-1463 and ask to speak with the Office Manager.