

Notice of Privacy Practices



****This notice describes how your medical information may be disclosed. Please read it carefully. ****

Protecting your health information is important to us. The law says that we must keep your Protected Health Information (PHI) private, provide you with notice of our legal duties and privacy practices with respect to PHI, follow the current terms of this notice, and notify affected individuals following a breach of unsecured PHI.

Dental Innovations of Virginia (DIVA) reserves the right to change the terms of this Notice any time. Any changes made will apply to all of your health information maintained by DIVA. A copy of the new notice is available upon request.

Treatment Purposes

DIVA's dentists and staff may use your health information to provide treatment or services: contact you to remind an appointment, discuss your treatments and other services. If needed to coordinate your care, we communicate on your behalf and share health information with health care professionals outside DIVA (i.e. physicians, dentists, nurses, lab, health care facilities). In an emergency, we may share your health information with non-health care personnel.

Payment Purposes

We may use your health information to receive payment from a third party payer (i.e. your dental insurance), to obtain your eligibility, and predetermination of a proposed treatment.

Health Care Operations

We may use your health information to operate our facility and improve quality care, We may share information for educational purposes. We may use health information for business planning, or disclose it to attorneys, accountants, consultants, and others who assist DIVA to comply to applicable law.

DIVA may use or disclose your health information in the following ways unless you object:

- **Coordination of Care** – Disclose health information with family members, other relatives, or friends involved with your care.
- **Notify of Location** – Use or disclose your information to provide information of your location and general condition to a family member, a personal representative, or another person responsible for your care.

Uses and Disclosures of Your Health Information That Do NOT Require Your Permission

- **Required by Law** – When federal or state law dictates that we have to
- **Public Health** – For public health activities, including preventing or controlling disease, injury, or reporting vital events, such as births and deaths.
- **Abuse, Neglect, Domestic Violence** – Notifying law enforcement or other agencies if we believe a patient has been the victim of abuse, neglect, or domestic violence.
- **Health Oversight** – For health oversight activities, such as audits, investigations, licensing, and accreditation by agencies.
- **Legal Proceedings, Lawsuits, Administrative Proceedings, and Other Legal Actions** – In a legal proceeding if the request for the information is through an order from a court or administrative tribunal. Your health information may also be disclosed in response to a subpoena or other lawful process.
- **Law Enforcement** – If asked by law enforcement, or if the law says we must, we may disclose medical information:
 - To report certain wounds or other physical injuries if required by law to do so;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About a suspected victim of a crime if, under certain limited circumstances we are unable to obtain the person's agreement;
 - About a death suspected to be a result of criminal conduct;
 - About a criminal conduct at DIVA; and
 - In case of a medical emergency, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Notice of Privacy Practices

- **Coroners, Funeral Directors, Medical Examiners** – To funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.
- **Organ Donation** – To help with the donation, procurement, and transplantation of organs, eyes, and tissue if you have chosen to be a donor.
- **Research** – For research purposes, there are times when your health information may be disclosed. All such research has to be approved through a formal process before we use or disclose any information. Information about you may be used to find patients with specific characteristics or oral condition for the research study. The information reviewed in preparation for research will remain under DIVA control.
- **Threats** – To stop any threat to your health and safety or the health and safety of another person.
- **National Security and Armed Forces** – To government officials for national security and intelligence activities, or to military authorities under some circumstances if you are a member of the military.
- **Special Government Functions** – To government officials for special investigations or to protect the President of the USA, other authorized persons, or foreign heads of state.
- **Worker's Compensation** – For worker's compensation to provide information to process a claim.

Uses and Disclosures of Your Health Information That Require Your Permission

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures for marketing purposes, not including:
 - Face-to-face communications,
 - When promotional gift of nominal value is provided,
 - Refill reminders or communications about a drug currently prescribed as long as any monies received are only for the cost of labor, supplies, and postage, or
 - Communications promoting health in general that do not promote a product or service from a particular provider
- Disclosures that constitute a sale of your health information under applicable law

Your Rights Regarding Your Health Information

- **Access Your Record** – The right to get a copy of your health information. A fee may incur. There may be situations when this is not possible.
- **Amend Your Record** – The right to request an amendment or addendum if you feel the information in your health record is incorrect or incomplete. The request and the reason must be in writing. In some circumstances, DIVA may not honor the request.
- **Accounting of Disclosures** – The right to receive a list of the disclosures of your health information, as provided by law. You are allowed one free listing in a 12-month period. There will be a charge for more than one listing per 12-month period.
- **Request Restrictions** – The right to request restrictions on certain uses and disclosures of your health information. DIVA is not required to agree to a requested restriction unless the request is for a restriction of disclosures to your health plan related to healthcare items or services that you paid for out of pocket and in full.
- **Alternative Communication** – The right to receive communications, such as mail or reminders from DIVA in a confidential manner, such as an alternate address or telephone number.
- **File a Formal Complaint** – The right to file a complaint with DIVA and/or to the United States Department of Health and Human Services if you believe that your privacy rights have been violated.

For More Information

Please contact us at (855) DIVA-DENT, (703) 454-5656, EMAIL: info@DIVAdentistry.com, or by writing to Dental Innovations of Virginia, 19490 Sandridge Way, Suite 160, Leesburg VA 20176.