

NOTICE OF PRIVACY PRACTICES

Mary Ellen Argus DDS PC

THIS NOTICE DESCRIBES HOW THE OFFICE OF MARY ELLEN ARGUS DDS. MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

USES AND DISCLOSURES OF HEALTH INFORMATION

Our office may use and disclose health information about you for treatment, payment, and healthcare operations.

For Treatment: Our office may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

For Payment: Our office may use and disclose your health information to obtain payment for services we provide you.

For Healthcare Operations: Our office may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

With Your Authorization: Unless you give us written authorization, our office cannot use or disclose additional health information for any reason except those described in this notice. You may however give us an authorization, which you may revoke in writing at any time. Your revocation will not affect any use or disclose permitted by your authorization while it was in effect.

To Your Family and Friends: Our office must disclose your health information to you, as described in the Patient Rights section of this notice. Our office may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare, but only if you agree that we may do so.

Persons Involved in Care:

1. Our office may use or disclose health information to notify or assist a family member, your personal representative, or another person responsible for your care.
2. Whenever possible our office will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, our office will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.
3. Our office will also use professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies, x-rays or other similar forms of health information.

Marketing Health Related Services: Our office will not use your health information for marketing communication.

Required By Law: Our office may use or disclose your health information when the office is required to do so by law.

Abuse or Neglect: Our office 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. Our office may disclose your health information to the extent necessary to avert a serious threat to your health and safety or the health and safety of others.

National Security: Our office may disclose to military authorities the health information of Armed Forces personnel under certain circumstance. Our office may disclose to authorized federal health information required for lawful intelligence, counterintelligence, and other national security activities. Our office may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of the inmate or patient under certain circumstances.

Appointment Reminders: Our office may use or disclose your health information to provide you with appointment reminders (such as voicemail, messages, postcard, or letters).

PATIENT RIGHTS

Access: You have the right to look at our copies of your health information, with Limited exceptions. You may request that we provide copies in a format other than photocopies. Our office will use the format you request, unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information). You may obtain a form to request access by using the contact information listed at the end of this Notice. Our office will charge you a reasonable cost-base fee for expenses such as copies and staff time. If you request an alternative format, we will charge a cost-base fee for providing your health information in that format. If you prefer, our office will prepare the summary or explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which our office or business associates discloses your health information for purpose, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once 12 Month Period, our office may charge you a reasonable, cost-base fee for responding to these additional request

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

Alternative Communication: You have the right to request that our office communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how your payment will be handled under the alternative means or location you request.

Amendment: You have the right to request that our office amend your health information. (Your request must be in writing and must explain why the information should be amended.) Our office may deny your request under certain circumstances.

The Right to Amend: Our office has the right to amend our privacy practices and the terms of this Notice at any time as permitted by applicable law.

Question and Complaints: If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that our office may have violated your privacy rights, or you disagree with a decision our office made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have the office communicate with you by alternative means or locations, you may complain to the office using the contact information listed at the end of this Notice. You also may submit a written complaint with the U.S. Department of Health and Human Services. Our office will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Our office supports your rights to the privacy of health information. Our office will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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