



Bruce A. Spigner, D.D.S

926 East McDowell Road, Suite 120

Phoenix, Arizona 85006

602.253.0994

HIPAA Notice of Privacy Practices

Effective Date: December 30, 2014

THIS 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.

If you have any questions about your privacy rights or the information in this notice please contact our Privacy and Security Officer, Patty Niccoli at the telephone number (602) 253-0994 or in writing at the following address: 926 East McDowell Road, Suite 120, Phoenix, Arizona 85006.

OUR OBLIGATIONS: We are required by law to:

- Maintain the privacy of protected health information;
- Provide this notice of our legal duties and privacy practices regarding dental information about you;
- Notify affected individuals following a breach of unsecured protected dental information; and
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE DENTAL INFORMATION: The following describes some of the ways we are permitted to use and disclose dental information that identifies you. Except for the purposes described below, we will use and disclose dental information only with your written permission. You may revoke with permission at any time by writing to our practice Privacy Officer at the address above.

For Treatment. We may use and disclose dental information for our treatment and to provide you with treatment related dental services. For example, we may disclose dental information to dentists, specialist, other doctors, or other personnel, including people outside the office, who are involved in your dental care and need information to provide you with dental care.

For Payment. We may use and disclose dental information so that others or we may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your dental plan information about you so that they will pay for your treatment.

For Dental Care Operations. We may use and disclose dental information for dental care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care to operate and manage our office. For example, we may use and disclose information to make sure the dental care you receive is the highest quality.

Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services. We may use and disclose dental information to contact you to remind you that you have an appointment with us. We also may use and disclose that information to tell you about treatment alternatives or dental related benefits and services that may be of interest to you.

Research. Under certain circumstances, we may use and disclose dental information for research. For example, a research project may involve comparing the dental health of patients who receive one treatment to those who received another for the same dental condition.

SPECIAL SITUATIONS: As required by law. We will disclose dental information when required to do so by international, federal, state or local law. For example, we may disclose your dental information in relation to cases of abuse, neglect, domestic violence or certain physical injuries or to respond to a subpoena or court order.

To Avert a Serious Threat to Health or Safety. We may use or disclose dental information when necessary to prevent a serious threat to your health and safety of the public or another person.

Business Associates. We may disclose dental information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions and services. For example, we may use another company to perform billing or other administrative services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Workers' Compensation. We may release your dental information for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose dental information in response to a court or administrative order. We may also disclose dental information in response to a subpoena, discover request, or other lawful process.

Address Law Enforcement and Other Government Request. We may use or share your dental information for law enforcement purposes or with a law enforcement official or for specialized government functions such as military, national security and presidential protective services. For example, if you are a member of the armed forces, we may release dental information as required by military command authorities.

Coroners, Medical Examiner and Funeral Directions. We may release dental information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may release dental information to funeral directors as needed for their duties.

Inmates or Individuals in Custody. If you are an inmate or a correctional institution or under the custody of a law enforcement official, we may release dental information to the correctional institution or law enforcement official.

Psychotherapy Notes. We do not create or maintain psychotherapy notes at this practice.

USES & DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT & OPT

Individuals Involved in Your Care or Payment for Your Care. We appropriate, we may share dental information with a person involved in your dental care or payment for your dental care, such as your family, a close friend, or any other person you identify. In these cases, you have the right and choice to tell us whether to share your dental information. If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

Disaster Relief. We may disclose your dental information to a disaster relief organization that seeks your dental information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your dental information will be made only with your written authorization:

1. Uses and disclosures of dental information will be made only with your written authorization:
2. Disclosures that constitute a sale of your dental information.

Other uses and disclosures of dental information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose dental information under the authorization. Please be aware that any prior disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS: You have the following rights regarding dental information we have about you:

Right to Inspect and Copy. You have the right to inspect and copy dental information that may be used to make decisions about your care or payment for your care. This includes dental and billing records, other than clinical notes. WE have up to 30 days to make your dental information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have denial reviewed by a licensed dental professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Dental Records. If your dental information is maintained in an electronic format (known as an electronic dental record or an electronic health record), you have the right to request that electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your dental information in the form or format you request, if it is readily producible in such a form or format. If the dental information you request is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form will be given. We may charge you a reasonable, cost based fee for labor associated with transmitting the electronic dental record.

Right to Amend. If you feel that the dental information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. We may say "no" to your request, but we will tell you why in writing within 60 days.

Right to an Accounting of Disclosures. You have the right to request a restriction or limitation on your dental information that we use or disclose for treatment, payment, or dental care operations. You also have the right to request a limit on the dental information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your dental information to a dental plan for payment or dental care operations purposes and such information you wish to restrict pertains solely to a dental care time of service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket Payments. If you paid out-of-pocket, or in other words, you have requested that we not bill your dental plan in full for a specific item or service, you have the right to ask that your dental information with respect to that item or service not be disclosed to a health plan for purposes of payment or dental care operations, and we will honor that request.

Right to Request Confidential Communication. You have the right to request that we communicate with you about dental matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time in person at our office location. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To exercise any of these right, you must make a request, in writing, to our Privacy and Security Officer, Patty Niccoli at the following address: 926 East McDowell Road, Suite 120, Phoenix, Arizona 85006.

CHANGES TO THIS NOTICE: We reserve the right to change this notice and make the new notice apply to dental information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the center.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint without office, contact our HIPAA Privacy Officer and HIPAA Security Officer Patty Niccoli at the following address: 926 East Mc Dowell Road, Suite 120, Phoenix, Arizona 85006. All complaints must be made in writing. YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.



Bruce A. Spigner, D.D.S

926 East McDowell Road, Suite 120

Phoenix, Arizona 85006

602.253.0994

**Acknowledgement of Receipt of Notice of
Privacy Practices**

****You may refuse to sign this acknowledgement****

If the patient is under 18 years of age, a parent or legal guardian must sign.

I, _____, have received a copy of this offices Notice of Privacy Practices.

Signature: _____

Date: _____

For patients who need pre-medication only:

I am authorizing this office to call me and remind me to take my pre-medication before my dental appointment. They may leave me a message for me regarding this information at any number that I have supplied them. They may leave a message on any answering machine, voice mailbox or whoever answers the telephone. I also authorize this office to remind me of my pre-medication on any post card reminders that the office mails to me.

Signature: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Patient reviewed Privacy Practices but elected not to take a copy home
- Other: _____

Employee Signature: _____

Date: _____