



HIPPA Notice of Privacy Practices

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. WE WILL ASK YOU TO SIGN THIS COPY BUT YOU MAY REQUEST YOUR OWN COPY AT THE FRONT DESK. IT IS ALSO POSTED IN THE LOBBY.

“Protected Health Information” (PHI) is information about your health or condition and related healthcare services.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI.

Uses and Disclosures of PHI: Your PHI may be used and disclosed by your dentist, our office staff and others outside of our dental office that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your healthcare bills, to support the operation of the dentist’s practice, and any other use required by law.

- 1. Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party. For example, we would disclose you PHI, as necessary, to a home health agency that provides care to you. Another example is that we may disclose your PHI to another dentist or physician we have referred you to, to ensure they have the necessary information to diagnose and/or treat you.
- 2. Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. For example, we will disclose your PHI to your insurance company to obtain approval and payment for services rendered.
- 3. Healthcare Operations:** We may use your PHI to support the business activities of this practice. Examples include, but are not limited to:
 - we may disclose your PHI to other dental students who are training or job shadowing
 - we ask you to sign in on the sign-in sheet in the lobby (indicating you are seeking treatment with us)
 - we will call you by name in the lobby when we are ready to see you for treatment
 - we may disclose PHI when contacting you to remind you of appointments

We may use or disclose, when required by law, to Public Health Departments, other health organizations, the Food and Drug Administration, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Military and National Security, Worker’s Compensation, and we must report suspected abuse or neglect.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization at any time, in writing, except to the extent that your dentist or the practice has taken action in reliance on the use or disclosure indicated in the authorization.

You have the right to inspect and copy your PHI. You may be charged a reasonable fee for the cost of printing records, should you request them. The charts themselves are the property of Knoxville Dental Group and by law, we are required to maintain the original chart in full for at least 10 years.

*Under federal law, however, you may not inspect or copy the following: psychotherapy records, information compiled in reasonable anticipation of, or use in a civil, criminal or administrative action or proceeding and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI. You may request that we not use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes. You must request the specific restriction and to whom you want the restriction to apply in writing or verbally to the office staff or Dr. Newman herself. Dr. Newman is not required to agree to your restriction request if she believes it is in your best interest to permit use and disclosure of your PHI. You will be notified promptly if your request is denied and you will have the right to dissolve the dentist-patient relationship if you wish.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You have the right to obtain a paper copy of this notice.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

We reserve the right to change the terms of this notice and will inform you of any changes. You have the right to object and withdraw as provided in this notice.

Complaints: You may complain to us or to the secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint directly with us by mailing it directly to Dr. Newman at the office address. It is our goal to keep your PHI private and if there is something we can do better, please let us know.

This notice was published and becomes effective on January 3, 2020.

Your signature below is only acknowledgement that you have received this notice of our Privacy Practices.

Print Name

Signature

Date