

EAU CLAIRE PERIODONTICS LLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US**

OUR PRIVACY OBLIGATION

We follow federal and state law which requires us to maintain the privacy of your health information and to provide you with this Notice of our privacy practices. When we use or disclose your health information, we are required to follow the privacy practices described in this Notice (or other notice in effect at the time of the use or disclosure).

We reserve the right to change our privacy practices described in this Notice at any time. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, we will make it available to you.

You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USE OR DISCLOSE OF YOUR HEALTH INFORMATION

Treatment: We may use or disclose your health information to provide treatment and other services to you. For example, we may use or disclose your health information to your physician and or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. For example, in order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you.

Health Care Operations: We may need to use your health information to improve the quality or cost of care we deliver. These quality and cost improvement activities may include using your health information to evaluate the quality of our health care services.

Disclosures to Relatives, Close Friends and Other Caregivers: In certain limited situations, we may disclose important health information to people such as your family members, relatives, or close friends who are helping to care for you or helping you pay your medical bills. The information disclosed may include the information that we believe is directly relevant to their involvement in your care or payment for your medical bills, and may include your location, general condition or death. We will ask you if you agree to such a disclosure, unless you are unable to function or there is an emergency. If you are unable to function or there is an emergency, we will disclose your health information if we determine it would be in your best interest.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Workers' Compensation: We may disclose your health information to the extent necessary to comply with workers' compensation law or similar laws.

Victims of Abuse, Neglect, or Domestic Violence: If we reasonably believe you are a victim of abuse, neglect or domestic violence and the reporting of such information is required or allowed by law, we may disclose your health information to a government authority, including a social service or protective services agency.

To Comply With the Law: We may use and disclose your health information when required to do so by law.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders. For example voice mails, postcards, or letters.

RIGHTS REGARDING FOR HEATHLH INFORMATION

Access: You may request access to your health information in order to review or to request copies of such information. You must make a request in writing to obtain access to your health information. We will charge you a reasonable fee for copies of your health information, which may include the cost of copying (including cost of supplies and labor), postage and preparing an explanation or summary of your health information. You have the right to request that the copy be provided in an electronic form or format.

Disclosure of Your Health Information: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities for the past 6 years prior to the date of your request. This list must include the date of each disclosure, who received the health information disclosed, a brief description of the health information disclosed, and why the disclosure was made. If you request a list of such disclosure more than once in a twelve (12) month period, we may charge you a reasonable fee.

Request Restrictions on Disclosure of Your Health Information: You have the right to request, in writing, restrictions on disclosure of your health information to a health plan if the information pertains solely to a health care item or service for which you, or someone on your behalf, has paid out-of-pocket, in full.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you believe your privacy rights have been violated, you may file a complaint with the federal Department of Health and Human Services and us. We will not retaliate against you for filing such a complaint. All complaints must be submitted in writing.

We support your right to the privacy of your health information.

Contact Officer: Brenda Dekan
Address: 4907 Keystone Crossing, #A
Eau Claire, WI 54701

Telephone: (715) 832-5396 Fax: (715) 832-3009