

## **Notice of Privacy Practices**

Protecting your privacy is something we have always done, but because of abuses by individuals and organizations, our federal government requires that all doctors let patients know how we protect their privacy. That means that we never share information with anyone about you unless it directly concerns your health care or payment for your health care (for example, with insurance companies, pharmacies, and other doctors).

The following describes how medical/dental information about you may be used and disclosed and how you can get access to this information.

Treatment – Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical/dental conditions and providing treatment.

Payment – Your healthcare information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer or from credit card companies that you may use to pay for services.

Health Care Operations – Your health information may be used as necessary to support the day to day activities and management of our health care group.

Law Enforcement – Your health information may be disclosed to law enforcement agencies to support government audits and inspections to facilitate law enforcement investigations and to comply with government mandates reporting.

Public Health Reporting – Your health information may be disclosed to public health agencies as required by law. We are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization – Disclosure of your health information or its use for any purpose other than those listed above requires your written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred or notified us of your decision to revoke your authorization.

Information about Treatments – Your health information may be used to send you information that you may find interesting on the treatment and management of your medical/dental health concerns. We may also send you information describing other health related products and services that we believe may be of interest to you.

Appointment Reminders – Your health information may be used by our staff to send you appointment reminders.

Individual Rights – Under these federal privacy standards, you have certain rights:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your health information.

- The right to amend to submit corrections to your health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed to.
- The right to receive a printed copy of this notice.

*Our duties as your health care providers* – we are required by law to maintain the privacy of your health information and to provide you with this privacy practices. We are also required to abide by the privacy practices that are outlined in this notice.

*Right to Revise Privacy Practice* – As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our privacy policies may be required by changes in federal and/or state regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all health care information we maintain.

*Request to Inspect Health Information* – You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulations, we require that requests to inspect or copy protected health information by in writing. You may obtain a form to request access to your records by contacting our office manager. Your request will be reviewed and will be generally approved unless there are medical or legal reasons to deny the request.

Contact Information, Comments, and Complaints – If you would like to submit a comment or complaint about our privacy practices; you can do so by sending a letter outlining your concerns to:

Seth J. Cohen DDS LLC  
3700 W. 83<sup>rd</sup> St. Ste. 109  
Prairie Village, KS 66208

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter to the address listed above. You will not be penalized for filing a complaint.