



Notice Of Privacy Practices

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.

PURPOSE OF THIS NOTICE

Chapman Orthodontics must provide this notice to each patient who begins treatment after April 14, 2003. We must make a good faith effort to obtain written acknowledgement of receipt of this notice from each patient. We must have this notice available at the office for patients to request to take with them. We must post the notice in our office in a clear and prominent location to be reviewed by the patient. Chapman Orthodontics is committed to maintaining your health information in a private and confidential manner. This Notice will give you information regarding our privacy practices. This Notice applies to all of your health information maintained in our office and includes any information that we receive from other health care providers or facilities. The Notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations concerning such uses or disclosures.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect August 1, 2008 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

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.

USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

1. Treatment, Payment and Health Care Operations. The following section describes different ways that we may use and disclose your health information for purposes of treatment, payment, and health care operations. We have not listed every type of use or disclosure, but the ways in which we use or disclose your information will fall under one of these purposes.

a. Treatment. We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, dentists, nurses, dental hygienists, dental assistants, technicians, or other personnel who are involved in your health care.

b. Payment. We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the healthcare services you receive from us. We also may disclose health information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment.

c. Health Care Operations. We 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.

USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS

1. Appointment Reminders. We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment (i.e., voicemail messages, postcards, email, or letters).

2. Family Members and Friends. We may disclose your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We may make such disclosure when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room.

We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interest to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. For example, if your child presents to our office with an emergency dental condition such as a displaced tooth from trauma, we may share information with the family member or friend that comes with you to our office. We also may share your health information with a family member or friend who calls us to request a prescription refill for you.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF HEALTH INFORMATION

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission. These instances are as follows:

1. As required by law. We may disclose your health information when required by federal, state, or local law to do so. For example, we are required by the Department of Health and Human Services (DHHS) to disclose your health information in order to allow DHHS to evaluate whether we are in compliance with the federal privacy regulations.

2. Public Health Activities. We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury, or disability; to report births, deaths suspected abuse or neglect, reactions to medications; or to facilitate product recalls.

3. Health Oversight Activities. We may disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.

4. Judicial or administrative proceedings. We may disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health information.

5. Worker's Compensation. We may disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.

6. Law Enforcement Official. We may disclose your health information in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.

7. Coroners, Medical Examiners, or Funeral Directors. We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.

8. Organ Procurement Organizations or Tissue Banks. If you are an organ donor, we may disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.

9. Research. We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information that is done for the purpose of identifying qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address, or other identifying information.

10. To Avert a Serious Threat to Health or Safety. We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.

11. Military and Veterans. If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.

12. National Security and Intelligence Activities. We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

13. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (i) for the institution to provide you with health care; (ii) to protect the health or safety of you or another person; or (iii) for the safety and security of the correctional institution.

USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION

Except for the purposes identified above, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information. You may exercise each of these rights, in writing, by providing us with a completed form that you can obtain from our office. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from our office.

1. Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care. We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.

2. Right to Amend. You have the right to request an amendment of your health information that is maintained by or for our office and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the information that is kept by or for our office; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete.

3. Right to an Accounting of Disclosures. You have the right to request an accounting of the disclosures of your health information made by us. This accounting will not include disclosures of health information that we made for purposes of treatment, payment or health care operations pursuant to a written authorization that you have signed.

4. Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.

5. Right to Request Confidential Communications. You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

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

QUESTIONS OR COMPLAINTS

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact us at the address below. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of DHHS. To file a complaint with our office, contact our office at the address below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Chapman Orthodontics, P.C.
Joshua A. Chapman, DDS, MSD**

**3925 East Hagan St., Ste. 201
Bloomington, IN 47401**

**1683 Dixie Highway
Mitchell, IN 47446
812-849-4175**

chapmanorthodontics@gmail.com

BloomingtonBraces.com