

**KEARNS & ASHBY, D.D.S., P.C.**  
*CHILDREN'S AND ADOLESCENT'S DENTISTRY*

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4509 UNION DEPOSIT ROAD  
HARRISBURG, PA 17111  
(717) 558-9830  
FAX: (717) 558-9844

## 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 READ CAREFULLY.  
THE PRIVACY OF YOUR CHILD'S (OR YOUR) HEALTH INFORMATION IS IMPORTANT TO US.**

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### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your child's health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your/your child's health information. We must follow the privacy practices that are described in this Notice while it is in effect. The Notice takes effect April 14th, 2003, and will remain in effect until we replace it.

We reserve the right 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 using the information listed at the end of this Notice.

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### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about you (and/or your child) for the treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your/your child's health information to a physician or other healthcare provider providing treatment to your child.

**Payment:** We may use and disclose your/your child's health information to obtain payment for services we provide to your child.

**Your Authorization:** In addition to our use of your/your child's health information for treatment, payment or healthcare operations, you may give us written authorization to use your/your child's health information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your/your child's health information to you, as described in the Patient Rights section of this Notice. We may disclose your/your child's health information to a family member, friend or other person to the extent necessary to help with your/your child's healthcare or with payment for your/your child's healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your/your child's care, of your location, your general condition, or death. If you are present, then prior to use and disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using your professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your/your child's best interest in allowing a person to pick up prescriptions, dental supplies, x-rays or other similar forms of health information.

**Marketing Health-Related Services:** We will NOT use your/your child's health information for marketing communications.

**Required by Law:** We may use or disclose your/your child's health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your/your child's health information to appropriate authorities if we reasonably believe that you or your child are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your/your child's health information to the extent necessary to avert a serious threat to your/your child's health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We will use disclose your health information to provide you with appointment reminders such as voicemail messages or reminder postcards.

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## **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. **YOU MUST MAKE A REQUEST IN WRITING TO OBTAIN ACCESS TO YOUR HEALTH INFORMATION.** You may obtain a form to request access by asking any receptionist at our office. You may also request access by sending us a letter to the office directly.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your/your child's health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your/your child's health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergency.)

**Alternative Communication:** You have the right to request that we communicate with you about your/your child's health information by alternative means or to alternative locations. (You must make the request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your/your child's health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

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## **QUESTIONS AND COMPLAINTS**

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

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your/your child's health information or in response to a request you made to amend or restrict the use or disclosure of your/your child's health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with us or with the U.S. Department of Health and Human Services.

We Support your right to the privacy of your child's health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Office Manager

Telephone: (717) 558-9830 Fax: (717) 558-9844

Email: info@kidsdentaloffice.com

Address: 4509 Union Deposit Road, Harrisburg, PA 17111