

Jill E. Poulos, D.D.S

Privacy Practices Notice (HIPAA)

Your Rights : Under the federal Health Insurance Portability and Accountability Act (HIPAA), you have the right to request restrictions on how we use or disclose your personal information for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your health care or the paying of you care. To request a restriction you must sign a written request sent to: Jill E. Poulos. D.D.S., 4235 Bridge Street, Cambria, Ca. 93428.

Access to your personal health/dental information: You have the right to inspect and/or obtain a copy of your personal health information we maintain in you designated medical/dental records. You must sign a release of records consent form to obtain these records.

Family, Friends and Personal Representatives: With your approval, we may disclose to family members, close personal friends, or another person you identify your personal health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interest, we may disclose your personal health information without your approval. We may also disclose your personal health information to the public or private entities to assist in disaster relief efforts.

Other uses and disclosures: We are permitted or required by law to use or disclose your personal health information, without your authorization, in the following circumstances, including for any purposes required by law:

- * For public health activities (reporting of disease, injury, birth, death or suspicion of Abuse or neglect, for example);
- * To government authority if we believe an individual is a victim of abuse, neglect or domestic violence.
- * For health oversight activities (for example, audits, inspections, licensor actions or civil, administrative or criminal proceedings or actions);
- * For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request;
- * For law enforcement purposes (i.e., reporting wounds or injuries or for identifying or location suspects, witnesses or missing people);
- * To avert a serious threat to health or safety under certain circumstances;
- * For military activities if you are a member of the armed forces: or an inmate or individual confined to a correctional institution;
- * For compliance with workers compensation.

We will adhere to all state and federal laws or regulations that provide protections to your privacy. We will only disclose AIDS/HIV- related information, genetic testing information and information pertaining to your mental condition or any substance abuse problems as permitted by law.

Patient signature _____

Date _____