



Notice of Privacy Practices

Purpose of Notice

Beginning April 14, 2003, and further amended by statute on September 23, 2013, the federal regulation known as HIPAA Health Insurance Portability and Accountability Act) requires healthcare providers give you, our patients, notice of our Privacy Practices, our legal duties and practices with respect to Protected Health Information (PHI). The Notice describes how we at Commonwealth Dental Group use protected health information that you provide to us and maintain the privacy of this health information. In addition, it describes how you can access this information. Please review this Notice carefully. We at Commonwealth Dental Group continue to be concerned with and diligent about the protection of your private health information.

Contact Information

If you have any comments, suggestions, or questions regarding our privacy policy, please contact us. If you would like to exercise your rights as noted above or if you are concerned that we may have violated your privacy rights, you may use the contact information below. Your concerns will be addressed by our Privacy Contact Person who will contact you upon receipt of such request.

Commonwealth Dental Group
Attn: Privacy Contact Officer
400 Commonwealth Ave.
Boston, MA 02215

You may reach us by phone at 617-266-8770 and request that the Privacy Contact Officer return your call.

You may also choose to contact the Department of Health and Human Services in Washington, D.C. We will provide contact information upon request and you will not suffer any adverse treatment in our office should you choose to contact any of the above officers seeking resolution of your privacy complaints.

How We Use and Disclose Your Protected Health Information

We use and disclose health information about you for the treatment, payment, and healthcare operations. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

We may use or disclose your information to another dentist, physician, or other healthcare provider who may be treating you.

We may use or disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved in your care. Payment activities including billing, collections, claim management, and determination of eligibility and coverage to obtain payment from you, an insurance company, or another third party.

We may use your information in connection with our healthcare operations including quality assessment, in-office review, evaluation of performance, staff training, accreditation, certification, licensing, and credentialing activities.

In addition to treatment, payment and healthcare operations, we may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare, or with payment for your care, but only if you agree that we may do so. In certain situations we may disclose health information to a family member, your personal representative, or other person responsible for your care, of your location or general health. If you are present, prior to the use or disclosure of this information, we will provide you with the opportunity to object to such disclosures.

In the event that you are incapacitated or an emergency situation dictates, we may disclose health information based on a determination using our professional judgement and our experience with common practice, only such information that is directly relevant to another's involvement in your healthcare. We will make reasonable inference of your best interest in allowing any other person to pick up prescriptions information, medical or dental supplies, radiographs, or other similar forms of health information.

Marketing

We do not use your health information for marketing communication without obtaining your written authorization.

We may use or disclose your health information to provide you with appointment reminders such as postcards, voicemail messages, letters, or electronic medium (email/text message).

Information We May Share Without Your Authorization

There are limited circumstances when we are permitted or required to disclose your health information without your signed consent. These are:

- To protect victims of abuse or neglect that we are mandated reporters of
- For federal and state health oversight activities such as fraud investigation
- For judicial or administrative proceedings
- If required by law or for law enforcement
- To coroners, medical examiners, and funeral directors
- For specialized governmental agencies such as national security and intelligence

For Public Health Activities including disclosures to prevent or control disease, injury or disability; report reactions to medications or problems with products or devices; notify of a recall, repair, or problem with products or devices; notify a person who may have been exposed to a disease or condition; or notify the appropriate governmental authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

To the Secretary of HHS when required to investigate or determine compliance with HIPAA.

For Worker's Compensation to the extent authorized by and to the extent necessary to comply with the laws relating to worker's compensation or other similar programs established by law.

Health Oversight Activities including audits, investigations, inspections, and credentialing as necessary for licensure and for the government programs and compliance with civil rights laws.

Any and all other uses and disclosures, not previously described, may only be made with your signed authorization. You may also revoke any such authorization at any time.

Our Responsibilities

At Commonwealth Dental Group, we continue to strive for your complete confidence by compliance with all applicable laws as well as additional safeguards. Our responsibilities are to

- Maintain the privacy of your health information
- Provide this notice of our duties and privacy practices
- Abide by the terms of this notice as currently in effect
- Provide notice to you if we change these privacy policies and make new practices effective to your information that we maintain
- Provide you with standards of communication in our office (electronic, procedural, and physical) that safeguard your health information. Access to this information is limited to the minimum necessary to provide you with quality private care from our highly skilled team.

Your Rights and Our Obligations

You have the right to

- Access for inspection or get a copy of your health information.* You may request that we provide this in a form other than photocopies. We will use the format of your choice unless we cannot practically do so. We may charge a fee reasonable for the duplication of such material, staff time to accomplish this, and postage.
- Request that we restrict how we use or disclose your health information. We are not required to agree to all restrictions, but if we do agree, we are bound to such an agreement except as noted previously.
- Request that we limit communication with you in any manner (only by email, specific telephone numbers). * Your request must specify the alternative means or location that we can reasonably reach you for means of treatment, payment, or other healthcare operations.
- Request amendments (additions or corrections) to your health information. * Your request must explain the nature and reason for the amendment and is subject to certain restrictions. (For example, we cannot, by law, alter any treatment information).
- Receive an accounting of how your health information was disclosed other than for treatment, payment or healthcare operations, or other disclosures listed previously. *
- Obtain a copy of this policy in writing at any time.

Requests followed by an asterisk (*) must be in writing. You will receive notification of breaches of your unsecured protected health information as required by law.