

## NOTICE OF PRIVACY PRACTICES FOR ALL ABOUT SMILES, INC

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.*

Original effective date: April 14, 2003. This updated Notice, required by the Privacy Rule, is effective on September 23, 2013.

### **I. Plans on Which Behalf This Notice is Issued**

For purposes of this Notice, Health Plans" means all group health and dental plans as defined by the Employee Retirement Income Security Act .

### **II. Health Information to Which this Notice Applies**

This Notice applies to your "Protected Health Information." Protected Health Information means individually identifiable health information, as defined by HIPAA, that is created or received by us and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased

### **III. Uses and Disclosures of Protected Health Information by All About Smiles, Inc.**

The (Plans may use or disclose your Protected Health Information for the following purposes. Not every use or disclosure in a specific category will necessarily be listed and any examples are intended to be illustrative only.

**Your Authorization** – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the HIPAA extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself. Disclosure requiring your authorization includes sale of your protected health information, psychotherapy notes, and marketing information.

**Uses and Disclosures for Payment** – We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or a health plan.

**Uses and Disclosures for Health and Dental Plan Operations** – We may use and disclose your PHI as necessary for our health and dental plan operations. The group plans are prohibited from using or disclosing PHI that is genetic information of an individual for underwriting purposes.

**Family and Friends Involved in Your Care** – If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

**Business Associates** – At times we use outside persons or organizations to help us provide you with the benefits of the Plan. Examples of these outside persons and organizations might include vendors that help us process your claims. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations.

**Other Uses and Disclosures** – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.

- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- We may disclose PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of PHI, as described above, we will restrict our uses or disclosure of your PHI in accordance with the more stringent standard.

#### **IV. Your Rights Regarding Your Protected Health Information**

You have the following rights regarding the Protected Health Information retained by the Plan:

**Access to Your PHI** – You have the right of access to copy and/or inspect your PHI that we maintain in designated record sets. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for claims records). Submit records requests to the Privacy Officer at the address below. We may charge you a fee for copying and postage.

**Amendments to Your PHI** – You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Submit amendment requests to the address below.

**Accounting for Disclosures of Your PHI** – You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those pursuant to valid legal process or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative and submitted to the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your PHI** – You have the right to request restrictions on certain of our uses and disclosures of your PHI for insurance payment and disclosures made to persons involved in your care. For example, you may request that we not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. We are not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting us at the telephone number or address below.

**Request for Confidential Communications** – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to us at the address below.

**Right to a Copy of the Notice** – You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below.

#### **VIII. Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with the privacy officer designated in paragraph IX below or with the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against in any way for filing a complaint. You will notified in the event that any of your PHI has been disclosed or breached.

#### **IX. Contact Information**

All About Smiles, Inc. has designated Luanne Rynders, as the privacy officer. The privacy officer is the contact person for all issues regarding patient privacy and your privacy rights. You may contact the privacy officer at the following address and telephone number if you have a question about the privacy of your Protected Health Information, your privacy rights, or this Notice.

Contact: Luanne Rynders, Privacy Officer, All About Smiles, Inc

Address: 1611 County Highway 10  
Spring Lake Park, MN 55432

Telephone: (763) 717-3989

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE DESIGNATED PRIVACY OFFICER LISTED ABOVE.**