



Scott B. Klimaj, D.M.D.
7 Smith Avenue, Suite 102
Greenville, RI 02828

SCOTT B. KLIMAJ, D.M.D. PRIVACY NOTICE

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

Our Legal Responsibility

As a healthcare provider, we are legally required to protect the privacy of your health information, and to provide you with this notice about our legal duties and privacy practices. This requirement applies to all patients treated by and within the office of Dr. Scott B. Klimaj, D.M.D.

You may request a copy of our notice at any time. Please ask anyone of our staff members.

Your Protected Health Information (PHI)

Throughout this notice we will refer to your protected health information as PHI. Your PHI includes information that identifies you and describes the care and services you receive.

This notice applies to all of the records, both electronic and paper, about your care. It includes all information created by the staff of Dr. Scott B. Klimaj. This includes the Doctor (dentist), dental assistants, dental hygienists, and other staff members.

This notice about privacy practices explains how, when and why we use and share your PHI. It explains your rights and our responsibilities and tells you where to get additional information.

We may change the terms of this notice and our privacy policy in the future. Any changes will apply to your past, current, or future PHI. When we make an important change to our policies, we will change this notice and post a new notice on our website (www.drscottri.com).

Uses of Protected Health Information (PHI)

For Treatment: We may use health information about you to provide you with dental services. We may disclose health information about you to dentists, doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

Different personnel in our office may share information about you and disclose information to people who do not work in our office, in order to coordinate your dental care, such as phoning in orders to dental laboratories and speaking with referring physicians. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

For Payment: We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collect from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received in our office so your health plan will pay us or reimburse you for the service. We may also tell your health plan about dental procedures that you are going to receive in order to obtain prior approval, or to determine whether your plan will cover dental work.

For Health Care Operations: We may use and disclose your PHI as part of our routine operations. For example, we may use your PHI to evaluate the quality of health care services you received or to evaluate the performance of health care professional that cared for you.

- **Appointment Reminders:** We may use your PHI to provide appointment reminders or give you information about treatment alternatives or other health care services.
- **Worker's Compensation Purposes:** We may disclose PHI at your employer's request regarding a work-related injury.

Your Rights Regarding PHI

You have the right to:

- **Request Restrictions:** You have the right to as that we limit how we use and disclose your PHI. We will consider your request, but we are not legally required to accept it. If we accept your request, we will put any limits in writing and follow them except in emergency situations. You may not limit

the uses and disclosures that we are legally required or allowed to make. To request a restriction, contact the Privacy Officer listed at the end of this notice.

- **Disclosures:** You have a right to obtain a list of instances in which we have disclosed your PHI. Your request must state a time period not longer than six (6) years and your request may not include dates prior to April 14, 2003. This list will not include uses or disclosures made for treatment, payment or healthcare operations. In addition, the list will not include uses or disclosures that you have specifically authorized in writing. You must submit your request in writing to the Privacy Officer listed at the end of this notice.
- **Amend:** You have the right to request an amendment of your PHI if you think that information is inaccurate or incomplete in your dental/medical record. You may request an amendment for as long as that record is maintained. You may submit a written request for an amendment to the Privacy Officer listed at the end of this notice.
- **Paper Copy of this Notice:** You have the right to request a paper copy of this notice. You may request a copy with the receptionist or request a copy be sent to you.

Revocation of Permission

If you provide us with permission to use or disclose dental/medical information about you, you may revoke that permission at any time. You must make your request in writing to the Privacy Officer listed at the end of this notice.

If you revoke your permission, we will no longer use or disclose dental/medical information about you for the reasons covered by your written revocation. We are unable to take back any disclosures previously made with your permission. Also, we are required to keep all records of the care that we provided to you.

Privacy Officer - Amy Delisi