

Black Creek Dental, LLC
Black Creek, WI

Privacy Notice

This notice describes how dental/medical information about you may be used and disclosed. It also describes how you can get access to this information. Please review it carefully. If you have any questions about this privacy notice, please contact the manager.

This notice follows both state and federal privacy guidelines.

WHO WILL FOLLOW THIS NOTICE

This notice describes our Clinic practices and that of:

- * Any healthcare professional authorized to enter information in your dental record.
- * Any employee of Black Creek Dental, LLC authorized access of your dental record.
- * Any business associate of Black Creek Dental, LLC.

OUR PLEDGE REGARDING DENTAL/MEDICAL INFORMATION

We understand that information about you and your health is personal. We are committed to protecting your health information. A dental record is created of the care and services you receive at Black Creek Dental, LLC. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Clinic personnel.

This notice will tell you how we may use and disclose your dental information. It also describes your rights and certain obligations regarding the use and disclosures of your health information.

We are required by law to:

- * Make sure that health information that identifies you are kept private.
- * Give you notice of our legal duties and privacy practices with respect to medical information about you.
- * Follow the terms of the notice that is currently in effect.

Under Wisconsin Law, we must have your written permission before we may use or disclose your health information in connection with operations other than for management of our records.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose your dental health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall under one of these categories.

- * **For Treatment.** We may use health information about you to provide you with treatment and services. We may disclose information about you to pharmacists, physicians, dentists, technicians or dental professional students who are involved in taking care of you.
- * **For Payment.** We may use and disclose information about you so that the treatment and services you receive at Black Creek Dental, LLC may be billed and payment may be collected from you, an insurance company or a third party. RESTRICTION: Wisconsin law requires that we honor certain restriction requests by private pay patients relating to research or release of information to government agencies.
- * **Appointment Reminders.** We may use and disclose information to contact you as a reminder that you have an appointment for treatment or care at Black Creek Dental LLC.
- * **Treatment Alternatives.** We may use and disclose information to tell you about or recommend possible options or alternatives that may be of interest to you.
- * **Health Related Benefits and Services.** We may use and disclose information to tell you about health related

benefits or services that may be of interest to you.

- * **Individuals Involved in Your Care or Payment of Your Care.** We may release information about you to a family member or friend who is involved in your case.
- * **To Avert a Serious Threat to Health and Safety.** We may use or disclose information about you, when necessary, to prevent a serious threat to your health and safety, and of the health of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.
- * **Military and Veterans.** IF you are a member of the armed forces, we may release information about you as required by military command authorities.
- * **Workers' Compensation.** We may release information about you for workers' compensation.
- * **Public Health Risks.** We may disclose information about you for public health activities. These generally include:
 - * To report child or elderly abuse or neglect
(State law requires written permission before disclosing your information if we believe you are a victim of abuse, child or elderly abuse may be reported without consent)
 - * To report reactions to medications or problems with products
 - * To notify a person who may have been exposed to a disease.
- * **Medicare/Medicaid:** We have opted out of these programs. No submission of services for these programs.
- * **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request and obtain an order protecting the information requested.
- * **Law Enforcement.** We may release information if asked to do so by a law enforcement official.
- * **Business Associates.** We provide some services through contracts with business associates. To protect your information, we require the business associates to safeguard your information.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

You have the following rights regarding information we retain about you:

- * Right to inspect and copy
- * Right to amend
- * Right to an Accounting of Disclosures
- * Right to request Restrictions
- * Right to request confidential communications
- * Right to a paper copy of this notice

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We will post a current copy of this notice in the Clinic.

COMPLAINTS

If you feel your rights have been violated, you may file a complaint with the office or the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of information not covered by this notice or law that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may remove that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are required to retain our records of the care that we provided to you.