



Notice of Privacy Practices

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

Privacy Promise

At CROSSPOINTE DENTAL, we are committed to treating and using protected health information about you responsibly, and in accordance with state and federal law. This Notice is effective August 1, 2011, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit CROSSPOINTE DENTAL, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or dental record, serves as:

- Basis for planning your care and treatment, scheduling appointments, describing or recommending treatment alternatives
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Patient Health Information Rights

Although your health record is the physical property of CROSSPOINTE DENTAL the information also belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy practices upon request
- Inspect and obtain copies of your health record
- Request that we use a specific telephone number or address to communicate with you other than the one listed on your patient information record
- Receive a list of instances in which we or our business associates disclosed your health information, for purposes other than treatment, payment, or health care operations, within the last 6 years.
- Request certain restrictions on our use or disclosure of your health information. We are not required to agree to these restrictions, but will make an effort to accommodate you in your requests whenever possible. Requests must be made in writing.

Our Responsibilities

CROSSPOINTE DENTAL is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will make a reasonable attempt to notify you of the new policy before it takes effect, and we will provide you with a copy of the new policy upon request. We will not use or disclose your health information without your authorization, except as described in this notice.

Examples of Disclosures for Treatment, Payment and Health Operations

-We will use your health information for treatment.

For example: Information obtained by our clinical team or office staff will be recorded in your record and used to determine the course of treatment that should work best for you. Your health care provider will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the health care provider will know how you are responding to treatment.

-We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

-We will use your health information for regular health operations.

For example: Members of our dental team or our office staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Other Permitted Uses or Disclosures

-Required by Law: We may disclose health information as required by law. Examples include, but are not limited to: compliance with a valid court issued subpoena, indications that you are a possible victim of abuse or neglect, to avert a potential threat to you or another person's health or safety, under circumstances constituting a threat to National Security, etc.

-Business associates: There are some services provided in our organization through contacts with business associates. Examples include collection agencies, or companies we might use to contact you regarding appointment openings, reminders, or surveys regarding the care received at your appointment. When these services are contracted, we may disclose the necessary health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

-Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

-Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or to any other person you give your permission in writing to act in your behalf, health information relevant to that person's involvement in your care or payment related to your care. If you bring a family member or friend to your appointment and they accompany you into the operator, we will treat such action as your consent to communicate your dental/health care issues in their presence for that time only.

-Appointment Reminders: As part of our normal business operations, we will provide appointment reminders by telephone, mail, text messaging, and/or e-mail. If you are not home, we will leave the reminder on voice-mail, an answering machine, or with a family member. Please be assured that if we leave a message, we will only disclose the minimum information needed for an appointment reminder. We may use business associates to aid us in this process. If leaving appointment reminders using any of the above-mentioned methods is unacceptable to you, please notify us in writing.

-Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

-Interns: From time to time we have interns that come in to observe in your dental treatment. Interns will be required to follow our privacy policy as stated in this document.

-Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

-Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

-Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

-Marketing: We may contact you by mail, phone, e-mail or text messaging to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may opt out of these communications at any time by notifying our office in writing.

-Social Media: We use social media platforms such as Facebook, Twitter, LinkedIn, etc. for the purpose of marketing, office promotion, contests, giveaways, and the like. Your interaction with our office through social media is elective and voluntary, and any exposure you subject yourself to by interacting with our office through social media platforms cannot be considered disclosure of health information by our office. If you choose not to interact with our office through social media, no information about you will be posted by our office.

-Events: From time to time we have events that are not related to health care. If you attend one of our public events, any exposure you subject yourself to by attending cannot be considered disclosure of health information by our office.

Questions, Concerns, or Complaints

-If you have questions or concerns about our privacy policy, or complaints about the protection, use or disclosure of your health information, please feel free to contact us using the information provided below. We never want you to feel vulnerable with regards to your health information, and we will make every reasonable effort to ensure that you are comfortable with our practices.

-If you feel that your privacy rights have been violated in any way, you have the right to submit a written complaint to the U.S. Department of Health and Human Services. Upon request, we will provide you with the proper contact information to assist you in issuing your complaint. We will not retaliate in any way if you choose to file a complaint.

Contact Officer: Pat Swenson

Telephone: (801) 224-7337

Address: 1643 N State Street, Orem, UT 84057

Email: pat@uvdcare.com