

Dr. Craig B. Lashley, D.D.S                      Dr. Alexandra Seltenreich, D.D.S.  
Dr. Rebecca L. Twietmeyer, D.D.S  
2105 N Ridge Road. Wichita, Kansas 67212                      316-773-1177

## NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPROTANT TO US.

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### OUR LEGAL DUTY:

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

As required by “HIPAA”, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. As well as provide to you our legal duties and privacy practices with respect to protected health information.

As effective on **April 15, 2005**, we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms stated in our Notice of Privacy Practices and to make new notice provisions effective for all protected health information that we maintain. Any revisions will be posted; a written copy of the revised Notice of Privacy Practices may be request from our office.

### USES AND DISCLOSURES OF HEALTH INFORMATION:

**Treatment:** Meaning providing, coordinating, or managing health care and related services by one or more health care providers, or in the event of an emergency to notify or assist with general information to necessary individuals. Also, allowing a person to pick up any forms of health information or supplies. An example of this would include referrals to specialists.

**Payment:** Meaning activities as obtaining reimbursement for services provided to you or a family member by our office, confirming coverage, billing or collection activities, and utilization review. An example would be submitting claims to your insurance provider for services rendered.

**Healthcare Operations:** Including the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an *internal* quality assessment review.

**Your Authorization:** Any other uses and disclosures will only be made with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. Your health information may be disclosed to your family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you have agreed to said terms. You do have the following rights with respect to your protected health information, which you can exercise by presenting a written request to our office.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified to help with your healthcare or payment for your services as identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you have provided written request to have it removed.
- The right to reasonable request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and receive a copy of your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this Notice of Privacy Practices.

### QUESTIONS AND COMPLAINTS

If you are concerned that we may have violated your privacy protections you have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We support your right to the privacy of your health information and will not retaliate in any way should you choose to file a formal complaint.

For more information about “HIPAA” or to file a complaint: The U.S. Dept of Health & Human Services, Office of Civil Rights. 200 Independence Avenue S.W., Washington, D.C. 20201 (202)619-0257 or Toll Free (800)696-6775.