



# HIPAA

## PediatricDental.clinic notice of privacy practices

**This notice describes how dental & medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

During your treatment at **PediatricDental.clinic** our caregivers may gather information about your dental health, as well as medical history. This Notice of Privacy Practices explains how that information may be used and shared with others. It also explains your privacy rights regarding this information.

**PediatricDental.clinic** is required by law to abide by the terms of this Notice, to make sure that information that identifies you is kept private, and to give you this Notice of our legal duties and practices with respect to medical information about you. We are also required to notify you in the event that there is a breach of your health information.

### Uses and disclosures of your health information

**PediatricDental.clinic** may use health information to carry out treatment planning, payment and operations.

1. Treatment is the provision, coordination or management of health care. For example, we may use and disclose your information to consult with a third party or to refer you to other health care providers.
2. Payment includes the activities necessary to obtain reimbursement for the provision of health care. For example, we may need to give your health plan information about treatment you received at **PediatricDental.clinic** so your health plan will pay us or reimburse you for the treatment.
3. Operations include the activities necessary for **PediatricDental.clinic** to run its business operations. For example, we may use your information to review treatment and services and to evaluate the performance of our staff.

We may use or disclose your health information:

1. When required by federal, state, or local law.
2. To support public health activities by reporting as required or authorized by state or federal law. These reports may include the reporting of exposure to a communicable disease or risk of spreading a disease or condition.
3. To cooperate with law enforcement officials for certain law enforcement purposes as directed by a court order, warrant, criminal subpoena, or other lawful process.
4. To report abuse or neglect.
5. To support health oversight activities that are authorized by law, such as administrative or criminal investigations, inspections, licensure or disciplinary actions and other similar activities necessary for appropriate oversight of government benefit programs or functions.
6. When required by a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as required by law.
7. When necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, as consistent with applicable law and standards.
8. For judicial or administrative proceedings, in response to a valid court order, administrative order, a grand jury subpoena, or with your written consent.
9. For research purposes, with your written authorization or as permitted by law.
10. To business associates to perform functions on [PediatricDental.clinic](#)'s behalf, if the business associate has signed an agreement to protect the confidentiality of the information.

We may disclose your health information to a family member, other relatives, or a close friend or any other person you identify if the information relates to that person's involvement in your health care if you consent to such a disclosure. If you are unable to agree or object to the use or disclosure, we may disclose such information as necessary if we determine that it is in your best interest.