



## NOTICE OF PRIVACY PRACTICES

This describes how the Smile Atelier may use and disclose your healthcare information and how you can obtain access to this information.

The Smile Atelier is required by law to maintain and the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by the Smile Atelier or received by the Smile Atelier from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in the Notice. The Smile Atelier will abide by the terms in this Notice, or the Notice currently in effect at the time of use or disclosure of your protected health information. (1)

The Smile Atelier reserves the right to change the terms of this Notice and to make any provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office or website at any time.

### Use and Disclosures of Your Protected Health Information Not Requiring Your Consent

The Smile Atelier may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment, and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

#### Treatment many include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers.
- Consultations between healthcare providers concerning a patient.
- Referrals to other providers for treatment.
- Referrals to nursing homes, foster care homes, or home health agencies.

For example, the Smile Atelier may determine that you require services of a specialist. In referring you to another doctor, the Smile Atelier may share or transfer your healthcare information to that doctor.

#### Payment activities may include:

- Activities undertaken by the Smile Atelier to obtain reimbursement for services provided to you.
- Determining your eligibility for benefits or health insurance coverage.
- Managing claims and contacting your insurance company regarding payment.
- Collection activities to obtain payment for services provided to you.
- Reviewing healthcare service and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges.
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, the Smile Atelier will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

#### Healthcare operations may include:

- Contacting healthcare providers and patients with information about treatment alternatives.
- Conducting quality assessment and improvement activities.



- Conducting outcomes evaluation and development of clinical guidelines.
- Protocol development, case management, or care coordination.
- Conducting or arranging for medical review, legal services, and auditing functions.

For example, the Smile Atelier may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

The Smile Atelier may contact you by telephone (voicemail), text, e-mail or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations where The Smile Atelier is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

- As permitted or required by law.  
In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect or domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.
- For public health activities.  
We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency.

We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons with there has been or will be risk of exposure.

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(1) This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520

We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who tests positive for HIV. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect. We may release healthcare records, including treatment records and HIV test results, to the Food and Drug Administration when required by federal law. We may disclose healthcare records, except for HIV test results, for the purpose of reporting older abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. Records may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent and substantial danger.

- For Health oversight activities  
We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV

test results may not be released to federal or state government agencies, without written permission, except to state epidemiologist for surveillance, investigation, or to control communicable diseases.

- **Judicial and Administrative proceedings**  
Patient healthcare records, including treatment records and HIV test results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except HIV test results.
- **For activities related to death**  
We may disclose patient healthcare records, except treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. HIV test results may be disclosed under certain circumstances.
- **For research**  
Under certain circumstances, and only after special approval process, may we use and disclose your health information to help conduct research.
- **To avoid a serious threat to health or safety.**  
We may report a patient's name and other relevant data to the Department of Transportation if it is believed that the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records and HIV test results, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.
- **For Workers' Compensation**  
We may disclose your health information to the extent such records are reasonably related to any injury for which workers compensation is claimed.

The Smile Atelier will not make any other use or disclosure of your personal health information without your written authorization. You may revoke such authorization at any time, except to the extent that the Smile Atelier has taken action in reliance thereon. Any revocation must be in writing.

#### Your rights regarding your Protected Health Information

You are permitted to request that the Smile Atelier carry out treatment, payment or healthcare operations, place restrictions on certain uses or disclosures of your protected health information. You must request such a restriction in writing. We are not required to agree with your request, but if we do agree, we must adhere to the restrictions, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information.

You have the right to review and/ or obtain a copy of your healthcare records, with the exception of information compiled for use (or in anticipation of use) in a civil, criminal or administrative action or proceeding. The Smile Atelier may deny an access under other circumstances, in which case you have the right to have such denial reviewed. You must make the request in writing in order to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We may charge a reasonable fee for copying your records.

You may request that the Smile Atelier send protected information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.



You have the right to request that the Smile Atelier amend portions of your healthcare records, as long as we maintain such information. You must submit this request in writing, and under certain circumstances the request may be denied.

You may request to receive to receive an accounting of the disclosures of your protected health information made by the Smile Atelier for the six years prior to the date of the request, beginning with the disclosures made after April 14, 2003. We are not required, however, to record disclosures we make pursuant to a signed consent or authorization.

You may request and receive a paper copy of this Notice, if you had previously received the notice electronically.

Any person or patient may file a complaint with the Smile Atelier and/ or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the Smile Atelier please contact the Privacy Officer at the following:

Antoinette Ramdath, D.M.D.  
10008 Colesville Road, Suite A  
Silver Spring, MD 20901  
(301) 593-5211  
info@theSmileAtelier.com

It is the policy of the Smile Atelier that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice of Privacy Practices is effective April 6, 2013.