

**Omnibus Rule**  
**HIPAA NOTICE OF PRIVACY PRACTICES**

For the Practice of

**Dental Associates of Hershey**

**1253 Cocoa Avenue**

**Hershey, PA 17033**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION under the HIPAA Omnibus Rule of 2013.

**PLEASE REVIEW IT CAREFULLY**

For purposes of this Notice “us” “we” and “our” refers to the Name of this practice: Dental Associates of Hershey and “you” or “your” refers to our patients (or their legal representatives as determined by us in accordance with state informed consent law). When you receive healthcare services from us, we will obtain access to your medical information (i.e. your health history). We are committed to maintaining the privacy of your health information and we have implemented numerous procedures to ensure that we do so.

The Federal Health Insurance Portability & Accountability Act of 2013, HIPAA Omnibus Rule, (formerly HIPAA 1996 & HI TECH of 2004) require us to maintain the confidentiality of all of your healthcare records and other identifiable patient health information (PHI) used by or disclosed to us in any form, whether electronic, on paper, or spoken. HIPAA is a federal law that gives you significant new rights to understand and control how your health information is used. Federal HIPAA Omnibus Rule and state law provide penalties for covered entities, business associates, and their subcontractors and records owners, respectively that misuse or improperly disclose PHI.

Starting April 14, 2003, HIPAA requires us to provide you with the Notice of our legal duties and the privacy practices we are required to follow when you first come into our office for healthcare services. If you have any questions about this Notice, please ask to speak to our HIPAA Privacy Officer.

Our doctors, clinical staff, employees, business associates (outside contractors we hire), their subcontractors and other involved parties follow the policies and procedures set forth in this Notice. If at this facility, your primary caretaker/dentist is unavailable to assist you (i.e. illness, on-call coverage, vacation etc.), we may provide you with the name of another health-care provider outside our practice for you to consult with. If we do so, that provider will follow the policies and procedures set forth in this Notice or those established for his or her practice, so long as they substantially conform to those of our practice.

## **Dental Associates of Hershey Rules on how we may use and disclose your protected health information**

Under the law, we must have your signature on a written, dated Consent form and/or an Authorization Form of Acknowledgement of this Notice, before we will use or disclose your PHI for certain purposes as detailed in the rules below.

**Documentation-** You will be asked to sign an Authorization/Acknowledgement for when you receive this Notice of Privacy Practices. If you did not sign such a form or need a copy of the one you signed, please contact our Privacy Officer or Office Manager. You may take back or revoke your consent or authorization at any time (unless we already have acted based on it) by submitting our Revocation Form in writing to us at 1253 Cocoa Avenue, Hershey, PA 17033. Your revocation will take effect when we actually receive it. We cannot give it retroactive effect, so it will not affect any use or disclosure that occurred in our reliance on your Consent or Authorization prior to revocation (i.e. if after we provide services to you, you revoke your authorization/acknowledgement in order to prevent us billing or collecting those services, your revocation will have no effect because we relied on your authorization/acknowledgement to provide services before you revoked it).

**General Rule-**If you do not sign our authorization/acknowledgement form or if you revoke it, as a general rule (subject to exceptions described below under “Healthcare Treatment, Payment and Operations Rule” and “Special Rules”), we cannot in any manner use or disclose to anyone (excluding you, but including payers and Business Associates) your PHI or any other information in your medical record. **By law, we are unable to submit claims to payers under assignment of benefits without your signature on our authorization/acknowledgement form.** You will however be able to restrict disclosures to you insurance carrier for services for which you wish to pay “out of pocket” under the new Omnibus Rule. We will not condition treatment on you signing an authorization/acknowledgement, **but we may be forced to decline you as a new patient or discontinue you as an active patient if you choose not to sign the authorization/acknowledgement or revoke it.**

### **Healthcare Treatment, Payment and Operations Rule**

With your signed consent, we may use or disclose your PHI in order:

- To provide you with or coordinate health-care treatment and services. For example, we may review your health history form to form a diagnosis and treatment plan, consult with other doctors about your care, delegate tasks to ancillary staff, call in prescriptions to your pharmacy, disclose needed information to your family or others so they may assist you with home care, arrange appointments with other health-care providers, schedule lab work for you, etc.
- To bill or collect payment from you, an insurance company, a managed-care organization, a health benefits plan or another third party. For example, we may need to verify your insurance coverage, submit your PHI on claim forms in order to get reimbursed for our services, obtain pre-treatment estimates or prior authorizations from your health plan to provide your x-rays because your health plan requires them for payment; Remember, you will be able to restrict disclosures to your insurance carrier for services which you wish to pay “out of pocket” under this new Omnibus Rule.

- To run our office, assess the quality of care our patients receive and provide you with customer service. For example, to improve efficiency and reduce costs associated with missed appointments, we may contact you by telephone, mail or otherwise to remind you of scheduled appointments, we may leave messages with whomever answers your telephone or email to contact us (but we will not give out detailed PHI), we may call you by name from the waiting room, we may ask you to put your name on a sign in sheet, we may tell you about or recommend health-related products and complimentary or alternative treatments that may interest you, we may review your PHI to evaluate our staff's performance, or our Privacy Officer may review your records to assist you with complaints. If you prefer that we not contact you with appointment reminders or information about treatment alternatives or health-related products and services, please notify us in writing at our address listed above and we will not use or disclose your PHI for these purposes.
- New HIPAA Omnibus Rule does not require that we provide the above notice regarding Appointment Reminders, Treatment Information, or Health Benefits, but we are including these as a courtesy so you understand our business practices with regards to your (PHI) protected health information.

Additionally you should be made aware of the protection laws on your behalf, under the new HIPAA Omnibus Rule:

- That HEALTH INSURANCE PLANS that underwrite cannot use or disclose genetic information for underwriting purposes (this excludes certain long-term care plans). Health plans that post their NOPPs on their web sites must post these Omnibus Rule changes on their sites by the effective date of the Omnibus Rule, as well as notify you by US Mail by the Omnibus Rules effective date. Plans that do not post their NOPPs on their web sites must provide you information about Omnibus Rule changes within 60 days of these federal revisions.

### **Special Rules**

Notwithstanding anything else contained in this Notice, only in accordance with applicable HIPAA Omnibus Rule, and under strictly limited circumstances, we may use or disclose your PHI without your permission, consent or authorization for the following purposes:

- When required under federal, state or local law
- When necessary in emergencies to prevent a serious threat to your health and safety or the health and safety of other persons
- When necessary for public health reasons (i.e. prevention or control of disease, injury or disability, reporting information such as adverse reactions to anesthesia, ineffective or dangerous medications or products, suspected abuse, neglect or exploitation of children, disabled adults or the elderly, or domestic violence)
- For federal or state government health-care oversight activities (i.e. civil rights laws, fraud and abuse investigations, audits, investigations, inspections, licensure or permitting, government programs, etc.)
- For judicial and administrative proceedings and law enforcement purposes (i.e. in response to a warrant, subpoena or court order, by providing PHI to coroners, medical examiners and funeral directors to locate missing persons, identify deceased persons or determine cause of death)
- For Worker's Compensation purposes (i.e. we may disclose your PHI if you have claimed health benefits for a work-related injury or illness)

- For intelligence, counterintelligence or other national security purposes (i.e. Veterans Affairs, U.S. military command, other government authorities and foreign military authorities may require us to release PHI about you)
- For organ and tissue donation (i.e. if you are an organ donor, we may release your PHI to organizations that handle organ, eye or tissue procurement, donation and transplantation)
- For research projects approved by an Institutional Review Board or a privacy board to ensure confidentiality (i.e. if the researcher will have access to your PHI because involved in your clinical care, we will ask you to sign an authorization)
- To create a collection of information that is “de-identified” (i.e. it does not personally identify you by name, distinguishing marks or otherwise and no longer can be connected to you)
- To family members, friends and others, but only if you are present and verbally give permission. We give you an opportunity to object and if you do not, we reasonably assume, based on our professional judgment and the surrounding circumstances, that you do not object (i.e. you bring someone with you into the operatory during treatment or into the conference area when we are discussing your PHI); we reasonably infer that it is in your best interest (i.e. to allow someone to pick up your records because they knew you were our patient and you asked them in writing with your signature to do so); or it is an emergency situation involving you or another person (i.e. your minor child or ward) and, respectively, you cannot consent to the other person’s care because, after a reasonable attempt, we have been unable to locate you. In these emergency situations we may, based on our professional judgment and the surrounding circumstances, determine that disclosure is in the best interests of you or the other person, in which case we will disclose PHI, but only as it pertains to the care being provided and we will notify you of the disclosure as soon as possible after the care is completed. As per HIPAA law 164.512(j) (i)...(A)Is necessary to prevent or lessen a serious or imminent threat to the health and safety of a person or the public and (B) Is to person or persons reasonably able to prevent or lessen that threat.

### **Minimum Necessary Rule**

Our staff will not use or access your PHI unless it is necessary to do their jobs (i.e. doctors uninvolved in your care will not access your PHI; ancillary clinical staff caring for you will not access your billing information; billing staff will not access your PHI except as needed to complete the claim form for the latest visit; janitorial staff will not access your PHI). All of our team members are trained in HIPAA Privacy Rules and sign strict Confidentiality Contracts with regards to protecting and keeping private your PHI. This is also done by our Business Associates and their Subcontractors. Know that your PHI is protected several layers deep with regards to our business relations. Also, we disclose to others outside of our staff, **only as much of your PHI as is necessary to accomplish the recipient’s lawful purposes.** Still in certain case, we may use and disclose the entire contents of your medical record:

- To you (and your legal representatives as stated above) and anyone else you list on a Consent or Authorization to receive a copy of your records.
- To health care providers for treatment purposes (i.e. making diagnosis and treatment decisions or agreeing with prior recommendations in the medical or dental record)
- To the U.S. Department of Health and Human Services (i.e. in connection with a HIPAA complaint)

- To others as required under federal or state law
- To our privacy officer and others as necessary to resolve your complaint or accomplish your request under HIPAA (i.e. clerks who copy records need access to your entire medical record)

In accordance with HIPAA law, we presume that requests for disclosure of PHI from another Covered Entity (as defined in HIPAA) are for the **minimum necessary amount** of PHI to accomplish the requestor's purpose. Our Privacy Officer will individually review unusual or non-recurring requests for PHI to determine the **minimum necessary amount** of PHI and disclose only that. For non-routine requests or disclosures, our Privacy Officer will make a **minimum necessary determination** based on, but not limited to, the following factors:

- The amount of information being disclosed
- The number of individuals or entities to whom the information is being disclosed
- The likelihood of further disclosure
- Whether the same result could be achieved with de-identified information
- The technology available to protect confidentiality of the information
- The cost to implement administrative, technical and security procedures to protect confidentiality

If we believe that a request from others for disclosure of your entire medical history or dental record is unnecessary, we will ask the requestor to document why this is needed, retain that documentation and make it available to you upon request.

### **Incidental Disclosure Rule**

We will take reasonable administrative, technical and security safeguards to ensure the privacy of your PHI when we use or disclose it (i.e. we shred **all paper containing PHI, require employees to speak with privacy precautions when discussing PHI with you**, we use computer passwords and change them periodically, we use firewall and router protection to the federal standard, we back up our PHI data **off site** and encrypted to federal standard, we do not allow unauthorized access to areas where PHI is stored or filed and/or we have any unsupervised business associates sign Business Associate Confidentiality Agreements).

However, in the event that there is a breach in protecting your PHI, we will follow Federal Guidelines to HIPAA Omnibus Rule Standard to first evaluate the breach situation using the Omnibus Rule, 4-Factor Formula for Breach Assessment. Then we will document the situation, retain copies of the situation on file, and report all breaches (other than low probability as prescribed by the Omnibus Rule) to the US Department of Health and Human Services at: <http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html>

We will also make the proper notification to you and any other parties of significance as required by HIPAA Law.

### **Business Associate Rule**

Business Associates are defined as: an entity, non-employee that in the course of their work will directly/indirectly use, transmit, view, transport, hear, interpret, process or offer PHI for this facility.

Business Associates and other third parties (if any) that receive your PHI from us will be prohibited from re-disclosing it unless required to do so by law or you give prior express written consent to the re-disclosure. Nothing in our Business Associate agreement will allow our Business Associate to violate this re-disclosure prohibition. Under Omnibus Rule, Business Associates will sign a strict confidentiality agreement binding them to keep your PHI protected and report any compromise of such information to us, you and the US Department of Health and Human Services, as well as other required entities. Our Business Associates will also follow Omnibus Rule and have any of their subcontractors that may directly or indirectly have contact with your PHI, sign Confidentiality Agreements to Federal Omnibus Standard.

### **Super-confidential Information Rule**

If we have PHI about you regarding communicable diseases, disease testing, alcohol or substance abuse diagnosis and treatment, or psychotherapy and mental health records (super-confidential information under the law), we will not disclose it under the General or Health-care Treatment, Payment and Operations Rules (See Above) without your first signing and properly completing our Consent form (i.e. you specifically must initial the type of super-confidential information we are allowed to disclose). If you do not specifically authorize disclosure by initialing the super-confidential information, we will not disclose it unless authorized under the Special Rules (See above) (i.e. we are required by law to disclose it). If we disclose super-confidential information, we will comply with state and federal law that requires us to warn the recipient in writing that re-disclosure is prohibited.

### **Changes in Privacy Policies Rules**

We reserve the right to change our privacy practices (by changing the terms of this Notice) at any time as authorized by law. The changes will be effective immediately upon us making them. They will apply to all PHI we create or receive in the future, as well as to all PHI created or received by us in the past (i.e. to PHI about you that we had before the changes took effect). If we make changes, we will post the changed Notice, along with its effective date, in our office and on our website. Also, upon request, you will be given a copy of our current Notice.

### **Authorization Rule**

We will not use or disclose your PHI for any purpose or to any person other than as stated in the rules above without your signature on our specifically worded, written Authorization/Acknowledgement Form.

### **Marketing and Fund Raising Rules**

### **Limitations on the Disclosure of PHI regarding remuneration**

The disclosure or sale of your PHI without authorization is prohibited. Under the new HIPAA Omnibus Rule, this would exclude disclosures for public health purposes, for treatment/payment for health care, for the sale, transfer, merger or consolidation of all or part of this facility and for related due diligence, to any of our Business Associates, in connection with the Business Associate's performance of activities for this facility, to a patient or beneficiary upon request, and as required by

law. In addition, the disclosure of your PHI for research purposes or for any other purpose permitted by HIPAA will not be considered a prohibited disclosure if the only reimbursement received is “a reasonable cost-based fee” to cover the cost to prepare and transmit your PHI which would be expressly permitted by law. Notably, under the Omnibus Rule, an authorization to disclose PHI must state that the disclosure will result in remuneration to the Covered Entity. Notwithstanding the changes in the Omnibus Rule, the disclosure of limited data sets for remuneration pursuant to existing agreements is permissible until September 22, 2014, so long as the agreement is not modified within one year before that date.

### **Limitation on the Use of PHI for Paid Marketing**

We will, in accordance with Federal and State laws, obtain your written authorization to use or disclose your PHI for marketing purposes (i.e. to use your photo in ads or website) but not for activities that constitute treatment or healthcare operations. To clarify, MARKETING is defined by HIPAA’s Omnibus Rule as “a communication about a product or service that encourages recipients to purchase or use the product or service.”

Face to face marketing communication, such as sharing with you, a written product brochure or pamphlet, is permissible under current HIPAA law.

### **Improvements to Requirements for Authorizations Related to Research**

Under HIPAA Omnibus Rule, we may seek authorizations from you for the use of your PHI for future research. However, we would have to make clear what those uses are in detail.

### **Your Rights Regarding Your Protected Health Information**

If you got this notice via email or website, you have the right to get, at any time, a paper copy by asking our office manager or the Privacy Officer. Also, you have the following additional rights regarding PHI we maintain about you:

#### **To Inspect and Copy**

You have the right to see and get a copy of your PHI including, but not limited to, medical, dental and billing records by submitting a written request to our Privacy Officer. Original records will not leave the premises, will be available for inspection only during our regular business hours, and only if our Privacy Officer is present at all times. You may ask us to give you the copies in a format other than photocopies or ask us to prepare a summary in lieu of copies. We may charge you a fee not to exceed state law to recover our costs (including postage, supplies, and staff time as applicable, but excluding staff time for search and retrieval) to duplicate or summarize your PHI. We will comply with Federal Law to provide your PHI in an electronic format within 30 days, to Federal specification, when you provide us with proper written request. Paper copy will also be made available. We will respond to requests in a timely manner, without delay for legal review, or, in less than thirty days if submitted in writing, and in ten business days or less if malpractice litigation or pre-suit production is involved. We may deny your request in certain limited circumstances (i.e. we do not have the PHI, it came from a confidential source, etc.). If we deny your request, you may ask for a review of the decision. If

required by law, we will select a licensed health-care professional (other than the person who denied your request initially) to review the denial and we will follow his or her decision.

### **To Request Amendment/Correction**

If you think PHI we have about you is incorrect, or that something important is missing from your records, you may ask us to amend or correct it by submitting a "Request for Amendment/Correction" form to our Privacy Officer. We will act on your request within 30 days from receipt but we may extend our response time. If we grant your request, we will let you know within five business days, make the changes by noting (not deleting) what is incorrect or incomplete and adding to it the changed language, and send the changes within 5 business days to persons you ask us to and persons we know may rely on incorrect or incomplete PHI to your detriment. We may deny your request under certain circumstances. If we deny your request, we will tell you why in writing within 5 business days and how to file a complaint with us if you disagree.

### **To an Accounting of Disclosures**

You may ask us for a list of those who got your PHI from us by submitting a "Request for Accounting of Disclosures" form to us. The list will not cover some disclosures. Your request must state in what form you want the list and the time period you want us to cover which may be up to but not more than the last 6 years.

### **To Request Restrictions**

You may ask us to limit how your PHI is used and disclosed by submitting a written "Request for Restrictions on Use, Disclosure" form to us. If we agree to these additional limitations, we will follow them except in an emergency where we will not have time to check for limitations. Also, in some circumstances we may be unable to grant your request.

### **To Request Alternative Communications**

You may ask us to communicate with you in a different way or at a different place by submitting a written "Request for Alternative Communication" form to us. We will not ask you why and we will accommodate all reasonable requests. You must tell us the alternative means or location you want us to use and explain to our satisfaction how payment to us will be made if we communicate with you as you request.

### **Practice Transition Rule**

If we sell our practice, our patient records may be disclosed and physical custody may be transferred to the purchasing healthcare provider, but only in accordance with the law. The healthcare provider who is the new records owner will be solely responsible for ensuring privacy of your PHI after the transfer and you agree that we will have no responsibility for transferred records. If the owner of our practice dies, our patient records must be transferred to another healthcare provider within 90 days to comply with State and Federal Laws. Before we transfer records our privacy officer will obtain a Business Associate Agreement from the purchaser and review your PHI for super-confidential information which will not be transferred without your express written authorization.



**Inactive Patient Records**

We will retain your records for seven years from your last treatment or examination, at which point you will become an inactive patient in our practice and we may destroy your records at that time. We will do so only in accordance with the law.

**Collections**

If we use or disclose your PHI for collections purposes, we will do so only in accordance with the law.

**To Complain or Get Information**

We will follow our rules as set forth in this Notice. If you want more information or if you believe your privacy rights have been violated, we will strive to make it right. We will never penalize you for filing a complaint. To do so, please file a formal, written complaint within 180 days with:

The US Department of Health and Human Services      877-696-6775

Office of Civil Rights

200 Independence Ave., S.W.

Washington, DC 20201

Or submit a written Complaint form to us at the following address

David L Morgan, DDS, Privacy Officer

Dental Associates of Hershey

1253 Cocoa Ave

Hershey, PA 17033

PH 717-534-2985

Fax 717-520-1422

Email: [drdavidmorgan@comcast.net](mailto:drdavidmorgan@comcast.net)

You may get your "HIPAA Complaint Form" by calling our privacy officer.

These privacy practices are in accordance with the original HIPAA enforcement effective April 14, 2003, and undated to Omnibus Rule effective March 26, 2013 and will remain in effect until we replace them as specified by Federal and/or State Law.