Walnut Ranch
DENTAL SPA
Joseph Treanor, DDS

NOTICE OF PRIVACY PRACTICES

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. THIS PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Joseph Treanor, D.D.S. is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by *Joseph Treanor, D.D.S.* or received by *Joseph Treanor, D.D.S.* from other healthcare providers. We are required to provide you with notice of our legal duties and privacy practices with respect to you protected health information. These legal duties and privacy practices are described in this notice.

Joseph Treanor, D.D.S. will abide by the terms of this Notice, or the Notice currently in effect at the time of the use of your protected health information.
Joseph Treanor, D.D.S. reserves the right to change the terms of this Notice and to make any new 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 at any time. Please request the Notice.

Uses and Disclosures of Your Protected Health Information not, Requiring Your Consent
Joseph Treanor, D.D.S. 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 used 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, drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may 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, *Joseph Treanor, D.D.S.* may determine that you require the services of a specialist. In referring you to another doctor, *Joseph Treanor, D.D.S.* may share or transfer your healthcare information to that doctor.

Payment activities may include:
- Activities undertaken by *Joseph Treanor, D.D.S.* 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 services 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, *Joseph Treanor, D.D.S.* 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, care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

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

Joseph Treanor, D.D.S. may contact you, by telephone 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 when *Joseph Treanor, D.D.S.* 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, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is a reasonable cause to believe that the wound occurred as a result of a crime.

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 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 when there has been or will be risk of exposure.

This notice prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520 and applicable Oklahoma privacy laws.

Joseph Treanor, D.D.S.

ACKNOWLEDGEMENT OF RECIEPT OF NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge that I have received and reviewed a copy of *Joseph Treanor, D.D.S.* Notice of Privacy Practices. This Notice describes how *Joseph Treanor, D.D.S.* may use and disclose my, protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

_____ _____

Signature of Patient or Personal Representative Date

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Relationship to patient