

NOTICE OF PRIVACY PRACTICES

This notice describes how your dental information may be used and disclosed, and how you can get access to this information.
Please review this information carefully.

Dr. Scott I. Arakawa D.D.S. uses health information about your for treatment, payment and health care operations. Your health information is contained in paper and electronic records that are the property of **DENTAL CARE KAPOLEI.**

Use or Disclosure of Your Health Information

For Treatment:

Your dentist may use your health information to provide you with dental treatment and services. For example, information obtained by your dentist will be included in your dental records relating to your treatment. This information is necessary for your dentist to determine what treatment you should receive. Dentists will also record actions taken by them in the course of your treatment and note how you respond to the actions.

For Payment:

Your dentist may use and disclose you're your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a claim may be sent to your insurance carrier from your dentist, in order for your insurance carrier to make payment based upon your dental benefits coverage. The information on the claim will include information that identifies you, your diagnosis and treatment or supplies used in the course of treatment.

For Health Care Operations:

Your dentist may use and disclose health information about you for operational purposes. For example, your dental information may be disclosed to your dental insurance carrier to:

- Evaluate the performance of your dentists;
- Assess the quality of care and outcomes in your cases and similar cases; and
- Learn how to improve our services to you.

Appointments:

Your dentist may use your information to provide appointment reminders or information about treatment alternatives or other dental-related benefits and services that may be of interest to you.

Required by Law:

Your dentist may use and disclose information about you as required by law. For example, your dentist may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

Descendents:

Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Research:

Your dentist may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Health and Safety:

Your health information may be disclosed to avert a serious threat to the health or safety for you or any other person pursuant to applicable law.

Government Functions:

Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of protected health information.

Workers Compensation:

Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses or disclosures of your protected health information, however, your dentist is not required to agree to a requested restriction.
- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Request to amend your dental records.
- Request communications of your dental information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose dental information except to the extent that action has already been taken.
- Receive an accounting of disclosures made of your information by your dentist.

Complaints

You may submit complaints to your dentist, insurance carrier and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of Your Dentist

Your dentist is required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of his legal duties and privacy practices with respect to our health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

Your dentist reserves the right to change his privacy practices and to make new provisions effective for all protected health information he maintains. As notices are revised, copies will be mailed to you within sixty (60) days of making the change.

If you have any questions or complaints, or if you do not want to provide your consent to your dentist to use your protected health information for purposes of payment and/or health care operations, please submit a letter of denial to provide consent to:

**Dental Care Kapolei, Inc.
91-525 Farrington Hwy. #104
Kapolei, Hawaii 96707**

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received a copy of Dental
(name of patient)
Care Kapolei's Notice of Privacy Practices.

Please Print Name

Signature

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign.
- Communication barrier prohibited obtaining the acknowledgement.
- Other (please specify)

Dental Office signature: _____

Date: _____