

Statement of Privacy Practices Overview

Our office is dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. It is a requirement of this practice that every employee receive appropriate training and is dedicated to the principal concept that your health information shall never be compromised. We may, from time to time amend our privacy policies and practices but will always inform you of any changes that might affect our obligations and your rights.

Protecting your personal healthcare information

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the state of Washington. This includes issues relating to your treatment, payment, and our health care operations. Your personal health information will never be otherwise given or disclosed to anyone - even family members - without your consent or written authorization. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose. Our offices and electronic systems are secure from unauthorized access and our employees are trained to make sure that the confidentiality, integrity and access to your records are always protected. Our privacy policy and practices apply to all former, current and future patients, so you can be assured that your protected health information will never be improperly disclosed or released.

Collecting protected health information {PHI}

We will only request personal information needed to provide our standard of quality health care, implement payment activities, conduct normal health practice operations and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary.

Regardless of the source, your personally information will always be protected to the full extent of law.

Disclosure of your protected health information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use your information for marketing or fund-raising purposes without your written consent. We may use and/or disclose your health information to communicate reminders about your appointments including voicemails, answering machines and postcards unless you inform us otherwise. We will never use, disclose, sell or otherwise allow access to your personal, protected information in exchange for or receipt of financial remuneration. Any breach in the protection of your personal health information, including unauthorized acquisition, access, use, or disclosure, will be fully investigated, addressed and mitigated as established by the HIPAA Privacy Breach Notification Rule. You have a right to and will be provided all information relating to any breach involving your personal PHI.

Your rights as our patient

You have a right to request copies of your healthcare information and to request a list of instances in which we, or our business-associates, have disclosed your information for uses other than stated above. All such requests must be in writing. We may charge for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. If you'd like a full and complete copy of our Statement of Privacy Practice's, please ask the front desk.

SUNRISE DENTAL

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