

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. Jay T. Kanegawa DMD uses health information about you for treatment, payment and health care operations. Your health information is contained in paper and electronic records that are the property of Dr. Jay T. Kanegawa DMD, Inc.

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 that are related 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 your health information to others for purposes of 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 the 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 insurance carrier may use and disclose health information about you for operational purposes. For example, your dental information may be disclosed to your insurance provider's dental consultants or the Quality Management Department, and others to:

- Evaluate the performance of your dentist;
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our services and dental benefit coverages; and
- Determine how to continually improve the quality and effectiveness of dental care our Member Dentists provide 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, insurance carrier 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.

Public Health:

Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.

Decedents:

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

Organ/Tissue Donation:

Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

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 of 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.
- Inspect and obtain a copy of your dental records held by your dentist 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 dental 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 its legal duties and privacy practices with respect to your 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 the privacy practices and to make new provisions effective for all protected health information it 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:

**Dr. Jay T. Kanegawa DMD
99-155 Moanalua Road
Aiea, Hi 96701**

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received a copy of

Dr. Jay T. Kanegawa'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.
 - An emergency situation prevented us from obtaining acknowledgement.
 - Other (please specify).
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Signature: _____

Date: _____