

STATEMENT OF PRIVACY PRACTICES

Kyle A. Smits DDS PLLC
5647 California Ave SW
Seattle, Washington 98136
206-935-4611

Our office is dedicated to protecting the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice. We may, from time to time, amend our privacy policies and practices, but we will always inform you of any changes that might affect your rights. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time.

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 (HIPAA) and the state of Washington. This includes issues relating to your treatment, payment, and our health care operations. Your personal health information will not be given to anyone other than other providers, professionals, or entities involved in your health care without your written consent. You 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 certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current, and future patients, so you can be confident that your protected health information will not be improperly disclosed or released.

Collecting Protected Health Information

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 personal information will always be protected to the full extent of the law.

Disclosure of your Protected Health Information (PHI)

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 may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

We will not use your information for marketing purposes without your written consent.

Unless you request otherwise, we may use or disclose health information to a family member, friend, personal representative, or other individual to the extent necessary to help with your health care or with payment for your health care. In the event of an emergency or your incapacity, we will use our professional judgment in disclosing only the protected health information necessary to facilitate needed care. We also have the right to disclose PHI to family members who may be involved in your health care or payment for care in the event of death. You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close friends, or any other person identified by you. We are, however, not required to agree to a requested restriction but if we agree to a restriction, we must abide by it unless you agree in writing to remove it.

We may use and disclose PHI about you to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you by us or by another provider. Before you receive scheduled services, we may share information about these services with your dental/health care plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. If you or someone on your behalf pays for your care, you have the right to request your PHI to be withheld from your insurer for the related health information.

We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, answering machine messages, email, text messaging, and postcards using any address or phone you have given to us.

We will request your authorization prior to any additional uses of your PHI not described in this notice.

Patient Rights

You have a right to request copies of your health care information; to request copies in a variety of formats; and to request a list of instances in which we, or our business associates, have disclosed your protected 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.

We will provide you with notification of a breach of unsecured PHI as required by law.

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. This request must be in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

You have the right to request that we amend your health information. This request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

You have a right to a paper or electronic copy of our privacy policies.

If you believe your rights have been violated, we urge you to notify us immediately. You may send your concerns to Kyle A. Smits DDS PLLC, Attn: HIPAA Compliance Officer, 5647 California Ave SW, Seattle WA 98136. You can also notify the U.S. Department of Health and Human Services.

We thank you for being a patient at our office. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information. The effective date of this notice is September 22, 2014.

Kyle A. Smits DDS PLLC