

## **NOTICE OF PRIVACY PRACTICES**

Shewey Family Dentistry, PLLC  
14715 Bel Red Rd. Suite 101  
Bellevue, WA 98007

**This notice is effective August 31, 2017**

**THIS NOTICE DESCRIBES HOW DENTAL/MEDICAL INFORMATION ABOUT YOU AND YOUR DEPENDENTS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

*PLEASE REVIEW IT CAREFULLY.*

**WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU.**

This notice describes the policies and procedures of Shewey Family Dentistry with respect to protecting the confidentiality of your dental/medical information. Third parties that assist in administration or provision of dental services provided by Shewey Family Dentistry are contractually obligated to follow the same policies and procedures followed by Shewey Family Dentistry. These third parties that assist in administration or provision of health care are called "business associates."

Shewey Family Dentistry, directly and through business associates, maintains medical information about you for medical care and administration purposes. This notice will tell you about the ways in which Shewey Family Dentistry may legally use and disclose medical information in accordance with federal regulations under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"). It also describes Shewey Family Dentistry's obligations and your rights under HIPPA regarding the use and disclosure of medical information.

Shewey Family Dentistry is required by law to:

- Make sure that medical information that identifies you is kept private
- Give you this notice of Shewey Family Dentistry's legal duties and privacy practices with respect to medical information about you
- Notify you following a breach of your unsecured medical information
- Follow the terms of this notice, as amended from time to time

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us at:

Shewey Family Dentistry  
14715 Bel Red Rd. Suite 101  
Bellevue, WA 98007

(425)746-5335

### **USES AND DISCLOSURES OF HEALTHCARE INFORMATION**

We use and disclose medical information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use your medical information for treatment or disclose to a dentist, physician, or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your medical information to obtain payment for services we provide to you. We may also disclose your medical information to another healthcare provider or entity that is subject to the federal Privacy Rules for its payment activities.

**Healthcare Operations:** We may use and disclose your medical information for our healthcare operations. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; submitting claims for coverage; legal services; business planning and development such as cost management; and business management and general administrative activities.

**On Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it at any time.

**To Your Family and Friends:** We may disclose your medical information to a family member, friend, or other person to the extent necessary to help with your medical care or with payment of your medical care. Before we disclose your medical information to these people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgement.

**Appointment Reminders:** We may use or disclose your medical information to provide you with appointment reminders such as voicemail, text, and email messages, postcards, or letters.

**Disaster Relief:** We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Public Benefit:** We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law
- For public health activities, including disease and vital statistics reporting, child abuse reporting, FDS oversight, and to employers regarding work-related illness or injury
- To report adult abuse, neglect, or domestic violence.

**Changes to This Notice:** Shewey Family Dentistry reserves the right to change this notice to reflect changes in our privacy practices, both for medical information we already have about you, as well as any information received in the future. This notice will be revised to reflect any changes to Shewey Family Dentistry's privacy practices, and will be provided to you within 60 days of the change. All privacy notices will indicate the effective date at the top of the first page.

**More Information:** For more information about this notice and the uses and disclosures of medical information, please contact:

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14715 Bel Red Rd. Suite 101  
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(425)746-5335  
Frontdesk@sheweyfamilydentistry.com