

# BENCHMARK DENTAL, PC

2525 4<sup>th</sup> Ave N \* SUITE 1

BILLINGS, MT 59101

(406) 256-2121

## **NOTICE OF PRIVACY PRACTICES**

TO OUR PATIENTS: This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your this information. Please review it carefully.

### **Our commitment to your privacy:**

Benchmark Dental, PC is dedicated to maintaining the privacy of your protected health information (PHI). This notice describes our privacy practices and our commitment to keeping your personal information secure.

### **How Benchmark Dental, PC may use or disclose your PHI:**

***Treatment-*** We may use and disclose your information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your information, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose your health information to other healthcare providers who may be involved in your care and treatment.

***Payment-*** Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits.

***Health Care Operations-*** We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to, business planning and development, quality assessment and improvement, medical review, legal services, and auditing functions.

***To Others Involved in Your Healthcare-*** Unless you object, we may disclose PHI to anyone you identify (such as a family member, a relative, a close friend, or any other person that is involved in your care or helps to pay for your care) that relates to that person's involvement in your healthcare. Please note identification requires a signed authorization. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. In this case, only the PHI that is necessary will be disclosed.

**Health Information Organizations-** Benchmark Dental, PC may elect to use a health care organization, or other such organization to facilitate the electronic exchange of information for the purpose of treatment, payment, or healthcare operations.

**Special Notices-** We may use or disclose your PHI, as necessary to contact you to remind you of our appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health-related benefits and services offered by our office, for fund-raising activities, or with respect to a group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special notices.

**Other Permitted Uses and Disclosures:** As Required by Law, we may also disclose health information to the following types of entities, including but not limited to:

- Public health or legal authorities charged with preventing or controlling disease, injury, disability, or other threat to health or safety
- The U.S. Food and Drug Administration
- Workers Compensation and similar programs.
- Correctional institutions (if you are in custody of a correctional institution or a law enforcement officer)
- Organ and tissue donation organizations
- Military, Veterans, National security, intelligence agencies, and other Government Purposes
- Coroners, Funeral Directors, or Medical Examiners
- Protective services for the president and others

## **Your rights regarding your PHI:**

**The Right to receive a paper copy of the Notice of Privacy Practices-** You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**The right to authorize other use and disclosure-** This means you have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your authorization in order to use or disclose our PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**The right to request an alternative means of confidential communication-** This means you have the right to ask us to contact you about medical matters using a method (i.e., email, telephone), and to a destination (i.e., cell phone number, alternative address, ect.) designated by you. We will follow all reasonable requests. You must inform us in writing how you wish to be contacted (using a form provided by our practice).

**The right to inspect and copy your PHI-** This means you may inspect and obtain a copy of PHI about you that is contained in your patient record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.

**The right to request a restriction of your PHI-** This means you may ask us, in writing, not to use or disclose any part of your PHI for the purpose of treatment, payment, or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

**The right to request an amendment to your PHI-** This means you may request amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request for an amendment.

**The right to request disclosure accountability-** This means that you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside of our office.

**The right to file a complaint-** If you believe your privacy rights have been violated, you may file a complaint with the Benchmark Dental, PC Privacy Officer All complaints must be submitted within 180 days of the suspected violation and must be in writing. You will not be penalized for filing a complaint. To file a complaint with our practice contact:

Privacy Officer, Benchmark Dental, PC  
2525 4<sup>th</sup> Ave N, Ste 1  
Billings, MT 59101  
(406) 256-2121.

If Benchmark Dental, PC cannot resolve your concern, you may also file a complaint with the Federal Government by contacting:

U.S. Department of Health and Human Services  
999 18th Street, Suite 417  
Denver, CO 80202  
(800) 368-1019

### **Changes to This Notice:**

We reserve the right to change this notice; the revised notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and will include the new effective date. Copies of any revised notices will be provided to you upon your next visit to our facility after the effective date.