

HIPAA NOTICE OF PRIVACY PRACTICES

**KidSMILES Pediatric Dental Clinic
770 Bethel Road, Columbus, OH 43214**

Your privacy is important to us. We create information about you so we may provide you with quality care. We are committed to protecting this information. The Notice of Privacy Practices describes your rights with regard to your health information, as well as how we may use your health information, and how we must protect the confidentiality of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information about you
- Follow the terms of the notice that is currently in effect

How we may use and disclose health information about you:

- For treatment
- For payment
- For health care operations
- Health-related products, services and treatment activities
- Business associates
- Employer
- Family and friends involved in your care
- As required by law
- To avert a serious threat to health or safety
- Military and veterans
- Workers compensation
- Public health risks
- Health oversight activities
- Lawsuits and disputes
- Law enforcement
- Coroners, health examiners and intelligence activities
- Protective services for the President and others
- Inmates

Your rights regarding health information about you:

- Right to inspect and copy
- Right to amend
- Right to an accounting of disclosures
- Right to request restrictions
- Right to request confidential communications
- Right to a paper copy of this notice
- A complete copy of the HIPAA Notice of Privacy Practices is available upon request. You will be required to sign a separate form acknowledging you have received a copy of this notice. This acknowledgement will be filed with your records.