
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required to maintain the privacy of your health information. We are also required to offer to give you this Notice. We must follow the privacy practices described in this Notice while it is in effect. This Notice takes effect 09/23/2013, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, in compliance with the law, including changes in health information we created or received before we made the changes.

You may request a copy or copies of our Notice at any time, and a current Notice will always be posted in the office. For more information about our privacy practices, please contact us.

USES AND DISCLOSURES OF HEALTH INFORMATION

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

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

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations, which may include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, or conducting training programs.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify a family member, or another person responsible for your care, of your location, your general condition, or death. If you are present, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and experience in allowing another person to pick up your supplies, x-rays, or other similar forms of health information. Your records are protected, as above, for 50 years after your death.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization. We will not use your information for fundraising to charitable organizations and we will not sell your information for any reason.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse and Neglect: 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.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose health information to a correctional institution or law enforcement official having lawful custody of health information on an inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, letters or email).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information. You must make a request in writing. If you request copies, we will charge you \$ 0.30 for each page, and postage if you want the copies mailed to you. If you prefer, we will prepare a summary or an explanation of your health information. You may receive your records electronically for a \$5.00 fee.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions. You have the right to restrict disclosure of records pertaining to treatment paid out of pocket in full.

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

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

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed. You also may submit a written complaint to the U. S. Department of Health and Human Services. We will provide you with the address upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint.

Contact Officer: Cynthia A. Layport, DMD

Telephone: (503) 620-1117 Fax: (503) 624-1547

E-mail: dr@drcindylayport.com

Address: 9900 SW Greenburg Road Suite #230, Tigard, OR 97223