

Cedar Creek Dental Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED OR DISCLOSED

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our Privacy Practices.

We reserve the right to change our privacy practices and the terms of this Notice at any time.

You may request a copy of our Notice at any time. For more information about our privacy practices, and for additional copies of this Notice, please contact us using the information at the end of this Notice.

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 other healthcare providers treating you.

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

HEALTHCARE OPERATIONS: We may use or disclose your health information associated with healthcare operations.

YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to disclose your health information to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Without your 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, 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 person responsible for your care, or your location, your general condition, or death. In the event of your incapacity or an emergency, we will disclose health information based on a determination using our professional judgement.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.

ABUSE OR 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.

NATIONAL SECURITY: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders (text or voicemail messages, postcards or letters). We may use photographs for educational or display purposes and promotional programs.

PATIENT RIGHTS

Access: You have the right to get copies of your health information with limited exceptions. You must make a request in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies and staff time.

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, but if we do, we will abide by our agreement (except in an emergency).

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

NO-SHOW POLICY: We have a "no-show" fee of \$50.00 after two missed appointments or appointments that are not cancelled/rescheduled within 24 hours prior to the appointment. Failure in keeping appointments may result in "Same Day Appointments" only. In order to schedule an appointment in advance we may require a \$50.00 deposit per individual to hold the appointment. This is to ensure that we can accommodate as many patients as possible and minimize any disruptions caused by missed appointments. We understand that emergencies and unforeseen circumstances can arise, and we will undeniably take those into consideration.

QUESTIONS AND COMPLAINTS

If you have any questions or concerns about our privacy practices, please contact us. We support your right to the privacy of your health information. If you choose you may file a complaint with us or with the U.S. Department of Health and Human Services.

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