

# Notice of Privacy Practices

## Stahl Family Dentistry, PLLC

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

1. **Purpose:** The office of Stahl Family Dentistry, PLLC and its professional staff and employees follow the privacy practices described in this Notice. Stahl Family Dentistry, PLLC maintains your medical and dental information in records that will be maintained in a confidential manner, as required by law. However, Stahl Family Dentistry, PLLC must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, Stahl Family Dentistry, PLLC must share your medical and dental information as necessary for treatment and health care operations. This notice is effective March 7, 2016 and will remain in effect until we replace it.

2. **What Are Treatment and Health Care Operations?** Treatment includes sharing information among healthcare providers involved in your care. For example, we may share information about your condition with a specialist to discuss appropriate action to make a diagnosis and/or treatment. We also may use and disclose your information to improve the quality of care, e.g., for review and training purposes.

3. **What are Other Ways We May Use Your Medical Information?** Your medical information may be used, unless you ask for restrictions on a specific use of disclosure, for the following purposes:

- Appointment Reminders
- Referral to a Specialist
- To inform you of treatment alternatives or benefits or services related to your health. You will have an opportunity to refuse to receive this information.
- To carry out health care treatment, payment, and operations functions through business associates.
- Health oversight activities, e.g., audits, inspections, investigations, and licensure.
- To prevent a serious threat to health or safety.
- Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; circumstances relating to reporting information about a crime.)
- Disaster relief agency if injured in a disaster.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- As required by law.

4. **Your Authorization Is Required for Other Disclosures.** Except as described above, we will not use or disclose your medical information unless you authorize (permit) Stahl Family Dentistry, PLLC in writing to disclose your information. Your written authorization will be required for each request for the disclosure of medical information.

5. **You Have Rights Regarding Your Medical Information.** You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by Stahl Family Dentistry, PLLC.

- Right to request restrictions. You may request limitations on the medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency services.
- Right to confidential communications. You may request communication in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- Right to inspect and request a copy. You have the right to inspect and request a copy of your medical information regarding decisions about your care. We charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by Stahl Family Dentistry, PLLC. We will comply with the outcome of the review.
- Right to accounting disclosures. You may request a list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment payment or operations.
- Right to copy of this Notice. You may request a paper copy of this Notice at any time.

6. **Requirements Regarding This Notice.** Stahl Family Dentistry, PLLC is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. Stahl Family Dentistry, PLLC may change this Notice and these changes will be effective for medical information already in our possession as well as any information we receive in the future. Each time you register at Stahl Family Dentistry, PLLC for services, you may receive a copy of the Notice in effect at the time.

7. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with Stahl Family Dentistry, PLLC or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to Stahl Family Dentistry, PLLC or the Department of Health and Human Services. Call the office manager of Stahl Family Dentistry, PLLC at (517) 629-9107 if:

- You have a complaint
- You have any questions about this Notice.
- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations.
- You wish to obtain a form to exercise your individual rights described in paragraph 5.

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