

2008 — UW SCHOOL OF DENTISTRY
CLINICS AND FACULTY PRACTICE PLAN



NOTICE OF

Privacy Practices

School of Dentistry



OVERVIEW

We recognize our responsibility for safeguarding the privacy of your health information. This Notice provides information regarding use and disclosure of protected health information by UW School of Dentistry Clinics and Faculty Practice Plan when services are provided within UW facilities. This Notice also:

- Describes your rights and our obligations for using your health information.
- Informs you about laws that provide special protections.
- Explains how your protected health information is used and how, under certain circumstances, it may be disclosed.
- Tells you how any changes in this Notice will be made available to you.

THE PROVIDERS

UW SCHOOL OF DENTISTRY CLINICS AND FACULTY PRACTICE PLAN: UW School of Dentistry Clinics and Faculty Practice Plan will share dental and medical information, as necessary, to provide health care services, and to perform payment and health care operations.

Certain individuals or offices within the University of Washington provide support functions to UW School of Dentistry Clinics and Faculty Practice Plan that might include the use of health information. For example, the University provides risk management and information system support services to UW School of Dentistry Clinics and Faculty Practice Plan. When providing these support services, University staff maintain and protect the confidentiality of your health information.

NON-UW HEALTH CARE PROFESSIONALS: Occasionally, non-UW health care professionals participate in and provide services to patients within UW School of Dentistry Clinics and Faculty Practice Plan. When this occurs, protected health information is shared between the entities or health care professionals as necessary for treatment, payment, and certain health care operations.

PROTECTED HEALTH INFORMATION

This Notice applies to health information created or received by UW School of Dentistry Clinics and Faculty Practice Plan that identifies you and that relates to your past, present or future physical or mental condition, the care provided, or the past, present or future payment for your health care. This information, often contained in your dental or medical record, among other purposes, serves as:

- A means of communication among the many health care professionals who contribute to your care.
- The legal record describing the care you received.
- A means by which you or a third-party payer (such as health care insurance) can verify that services billed were provided.
- A tool to educate health care professionals.
- A source of data for dental research.
- A source of information for public health officials.
- A source of data for facility planning.
- A tool we use to improve the care we give and the outcomes we achieve.

Understanding what is in your record and how your health information is used and disclosed helps you to:

- Ensure accuracy in the record.
- Better understand who, what, when, where, and why others may access your health information.
- Make a more informed decision when authorizing disclosures to others.

USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

Here are some examples of how we may use and disclose protected health information without your authorization (a written document that gives us permission to share your health information).

TREATMENT: We use and disclose your health information to provide treatment. For example:

- Your dentist uses your information to determine whether specific diagnostic tests and medications should be ordered.
- Hygienists, assistants, students, or other personnel may need to know and/or discuss your health problems to carry out treatment and to understand how to evaluate your response to treatment.
- We may disclose your health information to another one of your treatment providers in the community, unless the provider is not currently providing treatment to you and you direct us in writing not to make the disclosure.

PAYMENT: We may use your health information for payment purposes. For example:

- We may use your information to prepare claims for payment for services.
- If you have health insurance and we bill your insurance directly, we will include information that identifies you, as well as your diagnosis, procedures, and supplies used so that we can be paid for the treatment provided.

HEALTH CARE OPERATIONS: We may use and disclose your health information to carry out health care operations. For example, we use and disclose health information from patients to monitor and improve our health services. Also, authorized staff may look at portions of your record to do their job.

TRAIN STAFF AND STUDENTS: We may use and disclose your information to teach and train staff and students.

CONDUCT RESEARCH: We may use and disclose your information for research. If the information is linked to you, an Institutional Review Board (IRB) will review each request to use or disclose it. Even if it is not linked to you, the research may also go through this process. The IRB reviews research to make sure that it is as safe as possible. In some cases, it might be used or disclosed for research without your consent. In these cases, the IRB makes sure that using it without your authorization is justified. The IRB makes sure that steps are taken to limit its use. In all other cases, we must obtain your authorization to use or disclose it for a research project. We may share information about you used for research with researchers at other institutions.

CONTACT YOU FOR INFORMATION: Your health information may also be used to contact you. For example, we may call you or send you a letter to remind you about appointments, provide test results, inform you about treatment options, or advise you about other health-related benefits and services.

CONDUCT FUNDRAISING: School of Dentistry Clinics and Faculty Practice Plan may use information such as your name, address, phone number, and the dates you received services at UW School of Dentistry to contact you for fundraising activities. UW School of Dentistry does not access your diagnosis or treatment information for fundraising activities. We raise funds to expand and support health care services, educational programs, and research activities related to curing disease. We will not sell, trade, or loan your information to any third parties, but the School of Dentistry Clinics and Faculty Practice Plan may share it with third parties working directly for the Clinics or Practice Plan. If you do not wish to be contacted as part of our fundraising efforts, please notify us in writing at:

UW SCHOOL OF DENTISTRY PRIVACY OFFICE
Box 356365
Seattle, WA 98195-6365

JOINT ACTIVITIES: Your health information may be used and shared by UW School of Dentistry Clinics and Faculty Practice Plan with other individuals or organizations that engage in joint activities with the Clinics and Practice Plan.

BUSINESS ASSOCIATES: Your health information may be used by the UW School of Dentistry Clinics and Faculty Practice Plan and disclosed to individuals or organizations that assist the Clinics and Practice Plan or to comply with their legal obligations as described in this Notice. For example, we may disclose information to consultants or attorneys who assist us in our business activities. These business associates must agree to protect, or are bound by law to protect, the confidentiality of your information.

OTHER USES AND DISCLOSURES: We also use and disclose your information to enhance health care services, to protect patient safety, to safeguard public health, to ensure that our facilities and health care professionals comply with government and accreditation standards and when otherwise allowed by law. For example, we provide or disclose information:

- About FDA regulated drugs and devices to the U.S. Food and Drug Administration.
- To government oversight agencies with data for health oversight activities such as auditing or licensure.
- To public health authorities with information on communicable diseases and vital records.

- To your employer, findings relating to the purposes of medical surveillance of the workplace or evaluation of work-related illnesses or injuries.
- To Workers' Compensation agencies and self-insured employers for work-related illness or injuries.
- To appropriate government agencies when we suspect abuse or neglect.
- To appropriate agencies or persons when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm.
- To law enforcement when required or allowed by law.
- To court order or lawful subpoena.
- To coroners, medical examiners and funeral directors.
- To government officials when required for specifically identified government functions such as national security.
- When otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining our compliance with our obligations to protect the privacy of your health information.

USE AND DISCLOSURE

WHEN YOU HAVE THE OPPORTUNITY TO OBJECT

DISCLOSURE TO AND NOTIFICATION OF FAMILY, FRIENDS, OR OTHERS: Unless you object, your health care professional will use his or her professional judgment to provide relevant protected health information to your family member, friend, or another person that you indicate has an active interest in your care or the payment for your health care or for notifying these individuals of your location, general condition or death.

USE AND DISCLOSURE

THAT REQUIRES YOUR AUTHORIZATION

Other than the uses and disclosures described above, we will not use or disclose your protected health information without your written authorization. If you provide us with written authorization, you may revoke that authorization at any time unless disclosure is required for us to obtain payment for services already provided, we have otherwise relied on the authorization, or the law prohibits revocation. Also, in some situations, federal and state laws may provide special protections for certain kinds of protected health information, such as drug or alcohol treatment records. When required by those laws, we may contact you to receive written authorization to use or disclose that information.

ADDITIONAL PROTECTION

OF YOUR PATIENT HEALTH INFORMATION

Special state and federal protections apply to certain classes of patient health information. For example, additional protections may apply to sexually transmitted disease information, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS. When required by law, UW School of Dentistry will obtain your authorization before releasing this type of information.

YOUR INDIVIDUAL RIGHTS

REGARDING PATIENT HEALTH INFORMATION

You have rights related to the use and disclosure of your protected health information. To exercise your rights, you may contact UW School of Dentistry Patient Services at:

PATIENT SERVICES

UW School of Dentistry

Box 357131

Seattle, WA 98195

(206) 685-1022

Your specific rights are listed below:

- **The right to request restricted use:** You may request in writing that we not use or disclose your information for treatment, payment, and/or operational activities except when specifically authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. If you make your request to UW School of Dentistry Patient Services, we will provide you with written notice of the decision regarding your request.
- **The right to receive confidential communications:** You have the right to request that we communicate with you about medical matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the address above. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **The right to inspect and receive copies:** In most cases, you have the right to look at or order a copy of your health information by using the "School of Dentistry Authorization to Disclose/Release Protected Health Information" form. Nominal fees apply.

- **The right to request an amendment to your record:** If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we correct the existing information or add the missing information. In your request for the amendment, you must give a reason for the amendment. We are not required to amend your record, but a copy of your request will be added to your record if you direct us to file it.
- **The right to know about disclosures:** You have the right to receive a list of instances when we have disclosed your health information except in certain instances, such as disclosures for treatment, payment, or health care operations or when you have authorized the use or disclosure. Your first accounting of disclosures in a calendar year is free of charge. Each additional request within the same calendar year will require a processing fee.
- **The right to make complaints:** If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint with the UW School of Dentistry Privacy Office. The UW School of Dentistry will not retaliate against any individual for filing a complaint.

If you believe that your privacy rights have been violated, you may also contact the U.S. Department of Health and Human Services, Office for Civil Rights:

OFFICE FOR CIVIL RIGHTS
US Department of Health and Human Services
2201 Sixth Avenue – Mail Stop RX-11
Seattle, WA 98121
206-615-2290; 206-615-2296 (TDD)
206-615-2297 FAX

PRIVACY NOTICE CHANGES

OUR LEGAL DUTY: We are required by law to protect the privacy of your information, to provide this Notice about our privacy practices, and to follow the privacy practices that are described in this Notice.

We reserve the right to change the privacy practices described in this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have as well as any information we may receive in the future. We will post a copy of the current Notice at each UW School of Dentistry Clinic. In addition, each time you register at or are admitted to a UW School of Dentistry Clinic for treatment or health care services, you may request a copy of the current Notice in effect from your health care professional or you may request a copy of this Notice from the UW School of Dentistry Privacy Office.

www.dental.washington.edu/compliance

UNIVERSITY OF WASHINGTON

The School of Dentistry

D-322 Health Sciences, Box: 356365, 1959 NE Pacific Street
Seattle, WA 98195-6365, USA
Telephone: 206.543.5982 • Fax: 206.616.2612