

TRACY L. PACK, D.D.S

NOTICE OF PRIVACY PRACTICES

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

YOUR RIGHTS

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical records and other health information we have about you. Ask us how to do this. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We will say "yes" to all reasonable requests.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

You can ask us **not** to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide an accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has the authority and can act for you before we take any action.

File a complaint if you feel your rights have been violated

You can complain if you feel we have violated your rights by contacting us. Contact officer: Hope Weathersbee 147 E. Clark Blvd. Murfreesboro, TN 37130, 615-898-1000, info@packortho.com. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We will not retaliate in any way if you choose to file a complaint with against us with the U.S. Department of Health and Human Services.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

* Share information with your family, close friends, or others involved in your care. * Share information in a disaster relief situation. * Include your information in a hospital directory. * Contact you for fundraising efforts. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we *never* share your information unless you give us written permission:

*Marketing purposes, *sale of your information.

In case of fundraising

We may contact you for fundraising efforts but you can tell us not to contact you again.

OUR USES AND DISCLOSURES**How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you. **Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. **Example:** We can use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. **Example:** We give information about you to your health insurance plan so it will pay for your services.

Help with public health and safety issues

We can share health information about you for certain situations such as: *Preventing disease *Helping with product recalls *Reporting suspected abuse, neglect, or domestic violence *Preventing or reducing a serious threat to anyone's health or safety.

Do Research

We can use or share your information for orthodontic research

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it would be in your best interest to see that we're complying with federal privacy law.

Law enforcement and other government requests

We can share health information about you *For law enforcement purposes or with law enforcement officials *with health oversight agencies authorized by law *For special government functions such as military, national security.

OUR RESPONSIBILITIES

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Just let us know in writing.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office. This notice takes effect 11/20/14 and will remain in effect until we replace it.