

# Issaquah Endodontics Notice of Privacy Practice

Dr. Willis Gabel PLLC

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

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect 06/05/14, 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, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

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## How we may use and disclose health information about you

Under the law, we may use and disclose your personal health information (PHI) for under certain circumstances without your permission, including for treatment, payment and health care operation. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or drug abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

**Treatment:** We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

**Payment:** We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, and insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

**Health Care Operations:** We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment of your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same as we would treat you with respect to your health information.

**Law Enforcement:** We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

**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 to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

**Secretary of HHS:** We will disclose your health information to the secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

**Health Oversight Activities:** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, and necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

**Coroners, Medical Examiners, and Funeral Directors:** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

**Appointment Reminders:** We may use or disclose health information to provide you with appointment reminders.

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

## Uses and Disclosures That Require Your Authorization

Certain uses and disclosures of your health information require your written authorization, including for marketing communications or sale of health information. Other uses and disclosures of your health care information that are not described in this Notice will be made only with your written authorization. You have the right to cancel prior authorizations for these uses and disclosures of your health information by giving us a written revocation. Your revocation does not affect information that has already been released. Sometimes you cannot cancel an authorization if its purpose was to obtain insurance.

## Your Health Information Rights

**List of Disclosures:** You have the right to request a list of certain disclosures of your health information. The list will not include disclosures of treatment, payment, or health care operations. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. If the records you request are paper records, we will provide photocopies, if the records are electronic; you have the right to an electronic copy. There may be a reasonable cost-based fee for the cost, supplies, labor, or postage if you request copies.

**Right to Request Restriction:** You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply. **We are not required to agree to your request except in the case where the disclosure is to a health plan for the purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf, have paid Issaquah Endodontics 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. Your written request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**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.

**Electronic Notice:** If you receive this Notice on our website or by email, you are entitled to receive this Notice in written form.

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## Questions and Complaints

If you want more information about our privacy practices 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 at the end of this Notice. You also may 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 support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Privacy Official: Lacey Blais**

**Phone: 425-427-1120**

**Fax: 425-427-1125**

**Address: Issaquah Endodontics**

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