

Notice of Privacy Practices
Bureau of Oral Health and Dental
Services

Effective Date: 01/01/2024

NOTICE OF PRIVACY PRACTICES

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.

THIS PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Purpose of this Notice: The Division of Public Health (DPH), Bureau of Oral Health and Dental Service (BOHDS) is required by law to maintain the privacy of certain confidential health care information, known as protected health information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice describes your legal rights, advises you of our privacy practices, and lets you know how BOHDS is permitted to use and disclose PHI.

Uses and Disclosures of PHI without your authorization: The Bureau of Oral Health and Dental Services is permitted to use or give out PHI without your permission in certain situations, including:

- ***Treatment:*** We may share medical information about you to coordinate your health care. For example, we may notify your doctor about care you receive from BOHDS, or we may contact you to remind you of an appointment.
- ***Payment:*** We may use or share information about you, so we properly bill and are paid. For example, sending a bill to your insurance company for payment.
- ***Health Care Operations:*** We may use and share information for quality assurance activities such as reviewing healthcare records to ensure proper treatment was provided, licensing, training programs, obtaining legal and financial services, business planning, and processing grievances and complaints.
- ***As Required by Law:*** We will share information for the following:
 - Emergency situations such as a declared public health emergency.
 - To a public health authority in certain situations (such as reporting a birth, death, or disease) and as part of a public health investigation to ensure proper treatment and the prevention of the spread of disease.
 - 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. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
 - For health oversight activities, including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system.

- For court order, or in some cases in response to a subpoena or other legal demand.
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime.
- For military, national defense and security and other special government functions; and
- For workers' compensation purposes, in compliance with workers' compensation laws.
- Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders and oral health resources (such as voicemail messages, postcards or letters).

Our Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose upon written authorization, you may revoke it in writing at any time. You revocation will not affect any use of disclosures permitted by your authorization while it was in effect.

Patient Rights: As a patient, you have several rights with respect to the protection of your PHI, including:

You have the right to correct your PHI: We will generally change your information within 60 days of your request and will notify you when we have corrected the information. We are allowed by law to deny your request to correct your medical information only in certain circumstances, such as when we believe the information you have asked us to change is correct as written. You can appeal our denial.

You have the right to receive a summary of certain disclosures the DVH- Dental Suite may have made of your medical information. This summary does not include the following: disclosures made to you and to individuals involved with your care, disclosures authorized by you, disclosures made to carry out treatment, payment, and health care operations, disclosures for public health, disclosures for health professional, disclosures to report abuse of children, adults, or disabled, disclosures prior to April 14, 2003.

You have the right to request that we restrict the uses and disclosures of your medical information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. BOHDS is not required to agree to any restrictions you request, but any restrictions agreed to by the BOHDS are binding, except for releasing your medical information in an emergency.

You have the right to be assured your information will be kept confidential. You will need to give us your choice of communication or location at which you wish to receive information. You do not need to provide us with a reason for your request.

You have the right to a paper copy. If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this notice as a paper copy. Even if you have previously

been provided one.

Legal Rights and Complaints: Notice of any changes in BOHDS privacy policy may be changed directly on this notice.

QUESTIONS AND COMPLAINTS

If you want more information on our privacy practices or have questions or concerns, please contact:

Bureau of Oral Health and Dental Service
Attention: HIPAA Compliance Officer
20160 Office Circle
Georgetown, Delaware 19947
302-655-4540

If you are concerned that we may have violated your privacy rights you may complain to us by using the contact information above or you have the right to complain to Department of Health and Human Services , Office for Civil Rights listed below. 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 the U.S. Department of Health and Human Services

Jamie Rahn Ballay, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
801 Market Street, Suite 9300
Philadelphia, PA 19107-3134
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

ACKNOWLEDGEMENT OF RECEIVING NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement