

Lynn C. Sayre-Carstairs, DMD, Inc.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR DENTAL INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your dental information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your dental information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, 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. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all dental information that we maintain, including dental information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available 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 our Practice Administrator.

USES AND DISCLOSURE OF DENTAL INFORMATION

We use and disclose dental information about you for treatment, payment, and dental care operations. For example:

Treatment: We may use or disclose your dental information to a dentist or other dental care provider providing treatment to you.

Payment: We may use or disclose your dental information to obtain payment for services we provide to you.

Dental Care Operations: We may use or disclose your dental information in connection with our dental care operations. Dental care operations include quality assessment and improvement activities, reviewing the competence or qualifications of dental care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your dental information for treatment, payment or dental care operations, you may give us written authorization to use your dental information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your dental information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your dental information to you, as described in the Patient Rights section of this Notice. We may disclose your dental information to a family member, friend or other person to the extent necessary to help with your dental care or with payment for your dental care, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose dental information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your dental information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose dental information based on a determination using our professional judgment disclosing only dental information that is directly relevant to the person's involvement in your dental care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, dental supplies, x-rays, or other similar forms of dental information.

Marketing Dental-Related Services: We will not use your dental information for marketing communications without your written authorization.

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

Abuse or Neglect: We may disclose your dental 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 dental information to the extent necessary to avert a serious threat to your dental health or safety or the dental health or safety of others.

National Security: We may disclose to military authorities the dental information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials dental information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected dental information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your dental information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your dental information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your dental information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$1.00 for each page, \$50.00 per hour for staff time to locate and copy your dental information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your dental information in that format. If you prefer, we will prepare a summary or an explanation of your dental information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your dental information for purposes, other than treatment, payment, dental care operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your dental information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your dental information by alternative means or to alternative locations. (You must make your request in writing.) Your 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 dental 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 Web site or by electronic mail (email), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions 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 dental information or in response to a request you made to amend or restrict the use or disclosure of your dental 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 dental 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.

Contact Officer: Diana Goldman

Telephone: 805-545-9400

Fax: 805-545-9412

E-mail: coastperiodontics@sbcglobal.net

Address: 620 California Blvd., Suite L, San Luis Obispo, CA 93401

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